

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400959849

Date Received:

12/23/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444327

## SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

### OPERATOR INFORMATION

Name of Operator: CHEVRON PRODUCTION COMPANYOperator No: 16700Address: 100 CHEVRON RDCity: RANGELYState: COZip: 81648Contact Person: Tammie Lee Crossen

#### Phone Numbers

Phone: (970) 675-3705Mobile: ( )Email: tvzf@chevron.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400953822Initial Report Date: 12/14/2015Date of Discovery: 12/14/2015Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 15 TWP 2N RNG 103W MERIDIAN 6Latitude: 40.141300 Longitude: -108.949500Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

#### Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No \_\_\_\_\_☒ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

#### Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: 10 degreee and cloudySurface Owner: FEDERALOther(Specify): BLM

#### Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☐ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Today, Monday (12-14-2015) at approximately 10:12 AM a leak occurred on the main lateral line to Rooth 1. Approximately 46.5 BBLs of produced water and 0 BBLs oil were released due to internal corrosion on the 8" cement lined pipe. The lines were shut in immediately upon detection. Vacuum truck recovered an estimated 30 BBLs. The affected area is being water washed today and soil samples will be taken to meet the COGCC 910-1 table. Spill was in a dry erosion channel and CDPHE was notified.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
12/14/2015	CDPHE	Hotline	877-518-5608	Spoke to Ann
12/14/2015	COGCC	Kris Neidel	970-871-1963	Emailed
12/14/2015	BLM	JR Wilson	970-878-3825	Emailed
12/14/2015	Rio Blanco County	Mark Sprague	970-878-9584	Emailed
12/14/2015	Chevron Landman	Chris Cooper	432-687-7730	Emailed.

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 12/23/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	46	30	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>1635</u>		Width of Impact (feet): <u>2</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Area was walked and calulations were preformed with the Chevron calculations sheet.			
Soil/Geology Description:			
Non-crop land			
Depth to Groundwater (feet BGS) <u>3000</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest		Water Well _____ None <input checked="" type="checkbox"/>	Surface Water <u>1152</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

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## REQUEST FOR CLOSURE

**Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.**

Basis for Closure: ☐ Corrective Actions Completed (documentation attached)

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No: \_\_\_\_\_

## OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Tammie Lee Crossen

Title: HE Specialist Date: 12/23/2015 Email: tvzf@chevron.com

<u>COA Type</u>	<u>Description</u>
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## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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400959849	FORM 19 SUBMITTED
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Total Attach: 1 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)