

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:

400982718

Date Received:

02/02/2016

Spill report taken by:

Spill/Release Point ID:

**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: <u>CHEVRON PRODUCTION COMPANY</u>	Operator No: <u>16700</u>	<b>Phone Numbers</b>
Address: <u>100 CHEVRON RD</u>		Phone: <u>(970) 675-3705</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>		Mobile: <u>( )</u>
Contact Person: <u>Tammie Lee Crossen</u>		Email: <u>tvzf@chevron.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 400982119

Initial Report Date: 02/01/2016 Date of Discovery: 02/01/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SWNE SEC 26 TWP 2N RNG 103W MERIDIAN 6

Latitude: 40.115800 Longitude: -108.921200

Municipality (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) 05-103-05661

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

Was one (1) barrel or more spilled outside of berms or secondary containment? No  
*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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>&gt;=5 and &lt;100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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

**Land Use:**

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_  
 Weather Condition: 20 degrees and sunny  
 Surface Owner: OTHER (SPECIFY) Other(Specify): Rangely & Raven Pat. Placer Claims Et Al

**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 (02-01-2016) at approximately 11:04 AM a leak occurred on an injection line to Emerald 9. Approximately 82.9 BBLs of produced water and 0 BBLs oil were released. The lines were shut in immediately upon detection. Vacuum truck recovered an estimated 75 BBLs. The affected area will have soil samples taken to meet the COGCC 910-1 table.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/1/2016	COGCC	Kris Neidel	970-871-1963	Email/Form 19
2/1/2016	Rio Blanco County	Mark Sprague	970-878-9584	Email
2/1/2016	Chevron Landman	Chris Cooper	432-687-7730	Email

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 02/02/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	82	75	<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? NO Was an Emergency Pit constructed? NO

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

**A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit**

Impacted Media (Check all that apply)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 70 Width of Impact (feet): 57

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

By measuring wheel.

Soil/Geology Description:

Mancos shale weathered to clay

Depth to Groundwater (feet BGS) 3500 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>1847</u>	None <input type="checkbox"/>	Surface Water	<u>1264</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:

The leak that occurred Monday (02-01-2016) at approximately 11:04 AM on the injection line to Emerald 9 was due to either a coated spool or on a cement lined pipe. Due to weather conditions this line will be put on hold until it can be done safely.

## 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:

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: 02/02/2016 Email: tvzf@chevron.com

<u>COA Type</u>	<u>Description</u>

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400982757	SITE MAP

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)