

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:

400986815

Date Received:

02/10/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444729

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400984902

Initial Report Date: 02/05/2016 Date of Discovery: 02/05/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 36 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.099000 Longitude: -108.796200

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) 05-103-06302

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

Specify:

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):
Weather Condition: 25 degree
Surface Owner: FEDERAL Other(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, Friday (02-05-2016) at approximately 3:00 PM a leak occurred on the injection line to FV Larson B-1. Approximately 5.1 BBLs of produced water and 0 BBLs oil were released. The lines were shut in immediately upon detection. Vacuum truck recovered an estimated 5 BBLs. Total spill was contained on location. 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 |
|----------|-------------------|--------------|--------------|----------|
| 2/5/2016 | COGCC | Kris Neidel | 970-871-1963 | Email |
| 2/5/2016 | Rio Blanco County | Mark Sprague | 970-878-9584 | Email |
| 2/5/2016 | Chevron Landman | Chris Cooper | 432-687-7730 | Email |

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/05/2016

| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
|-----------------|---------------|-----------------|--------------------------|
| OIL | 0 | 0 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 5 | 5 | <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? YES 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): 230 Width of Impact (feet): 3

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Measure wheel.

Soil/Geology Description:

Mancos Shale weathered to clay

Depth to Groundwater (feet BGS) 125 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-------------|--|-------------------|------------|--|
| Water Well | <u>2020</u> | None <input type="checkbox"/> | Surface Water | <u>847</u> | None <input type="checkbox"/> |
| Wetlands | <u>835</u> | None <input type="checkbox"/> | Springs | _____ | None <input checked="" type="checkbox"/> |
| Livestock | _____ | None <input checked="" type="checkbox"/> | Occupied Building | <u>556</u> | None <input type="checkbox"/> |

Additional Spill Details Not Provided Above:

Friday (02-05-2016) at approximately 3:00 PM a leak occurred on the injection line to FV Larson B-11 (Not FV Larson B-1). At this time it is believed to be on a coated spool.

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: 02/10/2016 Email: tvzf@chevron.com

COA Type

Description

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 400986815 | FORM 19 SUBMITTED |
| 400986816 | SITE MAP |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)