

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:

401078822

Date Received:

07/14/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

446746

SPILL/RELEASE REPORT (INITIAL)

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 USA INC</u> | Operator No: <u>16700</u> | Phone Numbers |
| Address: <u>100 CHEVRON RD</u> | | Phone: <u>(970) 675-3814</u> |
| City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u> | | Mobile: <u>(970) 697-8385</u> |
| Contact Person: <u>Michael Haub</u> | | Email: <u>mhaub@chevron.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401078822

Initial Report Date: 07/14/2016 Date of Discovery: 07/12/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 14 TWP 2N RNG 103W MERIDIAN 6

Latitude: 40.139486 Longitude: -108.928128

Municipality (if within municipal boundaries): None County: RIO BLANCO

Reference Location:

Facility Type: WELL PAD Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-103-06420

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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 182 BBLs of injection water

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Sunny and 65

Surface Owner: FEDERAL Other(Specify): AC McLaughlin

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):

Tuesday (07-12-16) at approximately 6:15 AM a leak occurred on a 3" Steel injection line(coated spool) to AC Mclaughlin 56X (API 05-103-06420). The spill was all contained in the containment system that drains to the syphon. Approximately 182 BBLS of injection water and 0 BBLS Oil were released. 30 BBLS of injection water were recovered from the well pad location by vac truck and taken to the water plant. The line was shut in immediately upon detection. The affected area was water washed, and line is being replaced with stainless.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|--|
| 7/12/2016 | COGCC | Kris Neidel | 970-871-1963 | Phone conversation reminded to submit written doc within 72 hrs. |
| 7/14/2016 | RBC | Lannie Massey | - | e-mail |
| 7/14/2016 | Chevron Land | Chris Cooper | - | e-mail |

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: Michael Haub
 Title: HES Specialist Date: 07/14/2016 Email: mhaub@chevron.com

COA Type Description

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Attachment Check List

Att Doc Num Name

| | |
|-----------|-------------------|
| 401078822 | FORM 19 SUBMITTED |
| 401078959 | SITE MAP |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|-------------------------|
| Environmental | Surface owner is listed as "Federal", notice should be given to surface owner. | 7/19/2016 4:18:10 PM |
| Environmental | Operator should demonstrate that soils do not exceed concentrations of COGCC table 910-1. | 7/19/2016 4:16:03 PM |
| Environmental | Lat/Long should be for the spill source, not the wellhead. | 7/19/2016 4:15:44 PM |
| Environmental | Supplemental Report should identify the source of the spill, it is unclear on included map where the source is. | 7/19/2016 4:12:41 PM |

Total: 4 comment(s)