

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:

401100619

Date Received:

08/31/2016

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

447297

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 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# 401094175

Initial Report Date: 08/16/2016 Date of Discovery: 08/13/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 17 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.140692 Longitude: -108.864500

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: WELL Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-103-06119

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): >=100

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

Specify: 1918 BBLS of mixed rainwater and produced water

Land Use:

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

Weather Condition: Spill after rain

Surface Owner: FEE Other(Specify): _____

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):

Saturday a lead occurred on the injection line to Fee 49. An unknow amount of produced water was mixed with an unknown amount of rainwater totaling 1918 BBLs of which 1910 BBLs were recovered. A sample was taken of the mixture to determin the amount of clean rainwater and produced water, but analysis is not in yet. The line was immediately shut in upon detection. The line will be replaced with stainless across location

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/13/2016	COGCC	Kris Niedel	-	e-mail... did not reach by phone (Saturday)

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 08/29/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>1918</u>	<u>1910</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 476 Width of Impact (feet): 12

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

Google earth was used to determine lenth and width. Vac truck volumes were used to determine BBLs recovered and spill calculation sheet was used to determine lost volumes.

Soil/Geology Description:

previously distrubed

Depth to Groundwater (feet BGS) 5000 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	_____	None <input checked="" 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:

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: Michael Haub

Title: HES Specialist Date: 08/31/2016 Email: mhaub@chevron.com

COA Type	Description
	A Form 27 Remediation Workplan should be submitted outlining the delineation of impact throughout the spill path.

Attachment Check List

Att Doc Num	Name
401100619	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)