

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:

401105528

Date Received:

09/08/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

447405

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>6301 DEAUVILLE BLVD</u>		Phone: <u>(432) 6877587</u>
City: <u>MIDLAND</u>	State: <u>TX</u>	Mobile: <u>(432) 3122260</u>
Zip: <u>79706</u>		Email: <u>kdkl@chevron.com</u>
Contact Person: <u>Kim Klahsen</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401096697

Initial Report Date: 08/22/2016 Date of Discovery: 08/07/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 34 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.104941 Longitude: -108.836612Municipality (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) 05-103-01069

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): >=1 and <5Estimated 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): 0Specify: 1.59BBLs of Oil and 16.32 BBLs of Water

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Sunny and warmSurface 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):

Monday a leak on UP 25-34 was discovered. The line was shut in immediately upon discovery, and free fluids were vacuumed up and taken to the water plant for disposal, and all remaining contaminated soil was taken to the landfarm. 16 BBLs of water and 1.59 BBLs of oil were recovered.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/16/2016	COGCC	Alex Fischer	303-894-2100	Contacted at 6:33 am

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 09/08/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	1	1	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	16	16	<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: NA			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 219		Width of Impact (feet): 1	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS):	
How was extent determined?			
Measurement on the ground, excel spreadsheet, areal photography.			
Soil/Geology Description:			
Surface soil, silt, clay, loam			
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"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Livestock	None <input checked="" type="checkbox"/>
		Surface Water	None <input checked="" type="checkbox"/>
		Springs	None <input checked="" type="checkbox"/>
		Occupied Building	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			
Free liquids were removed with a vacuum truck and soil was removed to a landfarm.			

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: Kim Klahsen

Title: HES Compliance Support Date: 09/08/2016 Email: kdkl@chevron.com

COA Type

Description

	No notice is listed for Local Government, per rule 906.b.(2). Operator should comply with this rule.
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Attachment Check List

Att Doc Num

Name

401105528	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)