

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401116441

Date Received:

09/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

446746

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# 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 6Latitude: 40.139486 Longitude: -108.928128Municipality (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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 182 BBLs of injection water

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Sunny and 65Surface Owner: FEDERALOther(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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 09/22/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	182	30	<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): 1365		Width of Impact (feet): 3	
Depth of Impact (feet BGS):		Depth of Impact (inches BGS): 0	
How was extent determined?			
Measurements on the ground, google earth maps, estimates of depth in soil are based upon data from other Produced Water spills.			
Soil/Geology Description:			
Silt, clay, loam (soils) derived from sandstone and shale sedimentary rock.			
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:			

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: 09/22/2016 Email: kdkl@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401116441	FORM 19 SUBMITTED
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Total Attach: 1 Files

Data retrieval failed for the subreport. 'General Cmt'. located at: W:\Inetpub\Net\Reports\General Cmt.rdlc. Please check the