

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

401116850

Date Received:

09/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

445874

## 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>	<b>Phone Numbers</b>
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# 401053753

Initial Report Date: 05/25/2016 Date of Discovery: 05/25/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 14 TWP 2N RNG 103W MERIDIAN 6Latitude: 40.136286 Longitude: -108.932736Municipality (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) 05-103-06419

#### 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? No

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): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: 60 degrees F and cloudySurface 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):

Wednesday (05-25-16) at approximately 08:57 AM a leak occurred on a 3" Steel lateral Injection line (coated spool) to AC McLaughlin 55. Spill was all contained in the well on the well pad berm. Approximately 4.893 BBLS of injection water and 0 BBLS oil was released. The lateral injection line was shut in immediately upon detection. Vacuum truck recovered an estimated 2 BBLS. The affected area will be water washed.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
5/25/2016	COGCC	Kris Kniedel	970-970-871-1963	email
5/25/2016	rio blanco county	Lannie Massey	-	Email
5/25/2016	Chevron landman	Chris cooper	-	Email

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 09/22/2016			
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	4	2	<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? YES Was an Emergency Pit constructed? NO				
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
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): 100		Width of Impact (feet): 45		
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 2		
How was extent determined?				
Measurements on the ground, google earth maps, excel spreadsheet calculations.				
Soil/Geology Description:				
Soil, silt, clay (soil) derived from sandstone and shale sedimentary rocks.				
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:				

The spools at AC McLaughlin were replaced with stainless steel spools and the line was pressure tested to 2000 psi.

## 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

401116850	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