

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:

401093673

Date Received:

09/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

446037

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>(970) 6753814</u>
City: <u>MIDLAND</u> State: <u>TX</u> Zip: <u>79706</u>		Mobile: <u>(970) 6978385</u>
Contact Person: <u>Mike Haub</u>		Email: <u>mhaub@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401056085

Initial Report Date: 05/31/2016 Date of Discovery: 05/24/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 19 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.130120 Longitude: -108.879340

Municipality (if within municipal boundaries): NA 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) 05-103-06148

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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>&gt;=100</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: Approx 452 bbls of produced water was spilled with no visible oil or sheen

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_  
Weather Condition: Sunny and 50 degrees  
Surface Owner: FEE Other(Specify): 64

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 (05-31-2016) at approximately 06:15 AM a leak occurred on the 3" Steel lateral injection line to Fee 64. (API- 051030614800). Approximately 452 BBLs of produced water and 0 BBLs oil were released. The lines were shut in immediately upon detection. Spill was contained in Siphon #7. Vacuum truck recovered an estimated 448 BBLs. The affected area will be water washed and soil samples will be taken to meet the COGCC 910-1 table.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
5/31/2016	COGCC	Kris Neidel	-	e-mail
5/31/2016	CVX Land	Chris Cooper	-	e-mail
5/31/2016	RBC	Lannie Massey	-	e-mail
5/31/2016	CDPHE	None reached	-	left a message (call made by Ross Alire-CVX)

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 09/22/2016

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>452</u>	<u>448</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? YES 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): 1381 Width of Impact (feet): 2

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Measurements on the ground, google earth, and excel spreadsheet calculations.

Soil/Geology Description:

Silt, clay, loam (soil) 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	<u>          </u>	None	<input checked="" type="checkbox"/>	Surface Water	<u>          </u>	None	<input checked="" type="checkbox"/>
Wetlands	<u>          </u>	None	<input checked="" type="checkbox"/>	Springs	<u>          </u>	None	<input checked="" type="checkbox"/>
Livestock	<u>          </u>	None	<input checked="" type="checkbox"/>	Occupied Building	<u>          </u>	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: Mike Haub

Title: HES Compliance Support Date: 09/22/2016 Email: mhaub@chevron.com

### COA Type

### Description

<u>COA Type</u>	<u>Description</u>

## Attachment Check List

### Att Doc Num

### Name

<u>Att Doc Num</u>	<u>Name</u>
401093673	FORM 19 SUBMITTED

Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	Demonstration that soil concentrations are below COGCC table 910-1 should be provided prior to "request for closure".	9/22/2016 4:57:35 PM

Total: 1 comment(s)