

State of Colorado
Oil and Gas Conservation Commission

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 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>	Phone Numbers
Address: <u>6301 DEAUVILLE BLVD</u>		Phone: <u>(970) 6753814</u>
City: <u>MIDLAND</u>	State: <u>TX</u>	Mobile: <u>(970) 6978385</u>
Zip: <u>79706</u>		Email: <u>mhaub@chevron.com</u>
Contact Person: <u>Mike Haub</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 6Latitude: 40.130120 Longitude: -108.879340Municipality (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): 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: 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 degreesSurface Owner: FEEOther(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	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	452	448	<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: _____			
Was spill/release completely contained within berms or secondary containment? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): <u>1381</u>		Width of Impact (feet): <u>2</u>	
Depth of Impact (feet BGS): <u>0</u>		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) <u>5000</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
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: Mike Haub

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

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401093673	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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
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Total: 1 comment(s)