

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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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>	<b>Phone Numbers</b>
Address: <u>6301 DEAUVILLE BLVD</u>		Phone: <u>(432) 6877587</u>
City: <u>MIDLAND</u> State: <u>TX</u> Zip: <u>79706</u>		Mobile: <u>(432) 3122260</u>
Contact Person: <u>Kim Klahsen</u>		Email: <u>kdkl@chevron.com</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 6

Latitude: 40.139486 Longitude: -108.928128

Municipality (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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 182 BBLs of injection water

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Sunny and 65

Surface Owner: FEDERAL Other(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	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>182</u>	<u>30</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: 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)  Soil  Groundwater  Surface Water  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): \_\_\_\_\_

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"/>	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: Kim Klahsen

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

<u>COA Type</u>	<u>Description</u>
	Initial report requested clarification of the location of the source of spill, please provide on an additional supplemental.
	Please review all COA's from original spill report when preparing response and demonstration of soils meeting table 910-1.

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401116441	FORM 19 SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)