

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401116533

Date Received:

09/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

446489

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> 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# 401072951

Initial Report Date: 07/05/2016 Date of Discovery: 07/03/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 32 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.101143 Longitude: -108.862302

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: OTHER Facility/Location ID No 426403
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

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 and <1 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: produced water from Ruben tank

Land Use:

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

Weather Condition: sunny with a high temperature of 83

Surface Owner: OTHER (SPECIFY) Other(Specify): 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):

Line between truck unloading facility and the Ruben tank was leaking to surface inside secondary containment. The line was shut in immediately upon discovery. Produced water was routed to the main water plant secondary containment pit. Oil staining was removed, path to pit was water washed, and leaking elbow will be replaced with stainless.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/3/2016	COGCC	Kris Neidel	970-871-1963	message
7/5/2016	RBC	Lanie Massey	-	e-mail
	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>88</u>	<u>88</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? 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): 971 Width of Impact (feet): 1

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

How was extent determined?

This fluid was released to secondary containment. The fluid was drained to a pit which contained the release.

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:

There is a building near the release point and it is on surface owned by Atlas Resource partners, L.P. and Nile and Roger Chapman. It is not a residence and is only occupied by workers.

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>
	Request for closure should include demonstration of compliance with COGCC table 910-1.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401116533	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)