

**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:

401116787

Date Received:

09/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

446036

## 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# 401054895

Initial Report Date: 05/26/2016      Date of Discovery: 05/26/2016      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release:    QTRQTR SENE    SEC 14    TWP 2N    RNG 103W    MERIDIAN 6

Latitude: 40.145016      Longitude: -108.915984

Municipality (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) 05-103-09893

#### **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): >=5 and <100Estimated 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: 60F and cloudySurface Owner: OTHER (SPECIFY)Other(Specify): Magor

#### **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):

Thursday 05-26-16 at approximately 10:00 AM a leak occurred on a 3" steel lateral Injection line(coated spool) to Magor 1 (API # 05-103-09893). The spill was all contained in the well on the well pad berm. Approximately 21.04 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 18 bbls. The affected area will be water washed, and the line will be replaced with stainless.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
5/26/2016	COGCC	Kris Neidel	970-871-1963	phone call with follow up e-mail
5/26/2016	RBC	Lannie Massey	-	e-mail notification
5/26/2016	CVX	Chris Cooper	-	e-mail notification

**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	21	18	<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): 79		Width of Impact (feet): 34		
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS):		
How was extent determined?				
Measurements on the ground, google earth maps, excel spreadsheet.				
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	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

### COA Type

### Description

	Please review all COA's from original spill report when preparing response and demonstration of soils meeting table 910-1.
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## Attachment Check List

### Att Doc Num

### Name

401116787	FORM 19 SUBMITTED
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Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)