

# 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:

401162695

Date Received:

12/07/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

448608

## SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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> Phone: <u>(432) 6877587</u> Mobile: <u>(432) 3122260</u> Email: <u>kdkl@chevron.com</u>
Address: <u>6301 DEAUVILLE BLVD</u>		
City: <u>MIDLAND</u>	State: <u>TX</u> Zip: <u>79706</u>	
Contact Person: <u>Kim Klahsen</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401162695

Initial Report Date: 12/07/2016 Date of Discovery: 12/05/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 28 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.119405 Longitude: -108.840985

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) 05-103-06224

#### 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): >=1 and <5Estimated 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: 25-40 degrees, partly cloudySurface Owner: FEE

Other(Specify): \_\_\_\_\_

#### 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):

The Chevron Rangely Production Team experienced a release on 12/05/2016 at FEE 19 well (API number 05-103-06224). Approximately 20.4 bbls of produced water and approximately 1.1 bbl of oil were released from a flowline. All liquids were contained inside the berm surrounding the well pad. Approximately 3 bbls of produced water and 0.5 bbls of oil were recovered. Recovered fluids were transported to the truck unloading facility at the Main Water Plant for recycling. Impacted soil will be excavated and transported to the landfarm.

List Agencies and Other Parties Notified:

**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 Date: 12/07/2016 Email: kdkl@chevron.com

**COA Type**

**Description**

	Operator should submit confirmations samples at extent of excavation, demonstrating compliance with COGCC table 910-1.
	supplemental report should address the discrepancy of spill fluid to recovered fluid. It is reported that 21 BBLs were spilled and 4BBLs were recovered.
	supplemental report should contain map showing affected area.
	Operator should provide demonstration with flowline rule, 1101.e.upon request for closure.

**Attachment Check List**

**Att Doc Num**

**Name**

401162695	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)