

State of Colorado
Oil and Gas Conservation Commission

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 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401165684

Date Received:

12/13/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

448719

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>	Phone Numbers 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# 401165684

Initial Report Date: 12/12/2016 Date of Discovery: 12/11/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 14 TWP 2N RNG 103W MERIDIAN 6Latitude: 40.141475 Longitude: -108.920888Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: OTHER☐ Facility/Location ID No. _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-103-06324

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: 20-40 degrees F. clear to partly clSurface Owner: FEDERAL

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):

Internal corrosion on an injection line resulted in a release of approximately 89 bbls of produced water and no oil. Approximately 20 bbl of produced water was recovered. Additional information will be submitted on the supplemental report. The release is located approximately 10 feet east of the well (A.C. McLaughlin # 43). Fluids were removed with a vacuum truck and transported to the truck unloading facility at the Main Water Plant for recycling. Any impacted soil is transported to the Rangely Land Farm.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/12/2016	COGCC	Kris Neidel	970-8711963	by Mike Haub

OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Kim Klahren

Title: Compliance Support Date: 12/13/2016 Email: kdkl@chevron.com

COA Type

Description

	No notice is listed for Local Government, per rule 906.b.(2). Operator should insure this is a part of the spill response procedure.
	Samples should be collected to demonstrate that no remaining impact exists. Guidance for sample locations should be taken from rule 910.b(3)B. Samples should be analyzed for table 910-1.
	Operator should provide demonstration with flowline rule, 1101.e. prior to request for closure.
	Supplemental Report should include a map that show the spill path.

Attachment Check List

Att Doc Num

Name

401165684	FORM 19 SUBMITTED
401165778	SITE MAP
401165779	SITE MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)