

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401172402

Date Received:

12/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

448739

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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: CHEVRON USA INCOperator No: 16700Address: 6301 DEAUVILLE BLVDCity: MIDLANDState: TXZip: 79706Contact Person: Kim Klahsen

Phone Numbers

Phone: (432) 6877587Mobile: (432) 3122260Email: kdkl@chevron.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401168082Initial Report Date: 12/16/2016Date of Discovery: 12/15/2016Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 19 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.130622 Longitude: -108.888345Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: WATER GATHERING SYSTEM/LINE☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-103-06141

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): >=100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: approximately 335 bbls of injection water.

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: estimated 40 degrees and 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):

An 8 inch cement pipeline failed, releasing approximately 335 bbls of injection water to land. The leak occurred north of collection station 11 near Fee 43. A map and additional data will be forwarded when available.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/15/2016	COGCC	Kris Neidel	970-8711963	discussion about the spill
12/15/2016	RBC	Lanny massey	970-8789400	I left a phone message

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/21/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	335	200	<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: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>180</u>		Width of Impact (feet): <u>1147</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
The extent was determined visually on the ground, measurements on the ground, and with google earth. The depth of impact is estimated by visual inspection of the soil but is difficult to estimate because the soil is frozen. The frozen soil also prevented the water from soaking into the soil.			
Soil/Geology Description:			
Silt, clay, loam. Weathered products of sandstone and shale.			
Depth to Groundwater (feet BGS) <u>5000</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>2580</u> None <input 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:			

The soil was water washed to remove chlorides from the soil. Previous experience demonstrates that water washing allows chloride levels to drop below the thresholds listed in Table 910. Soil samples will be collected and concentrations will be compared to Table 910. Contaminated soil is transported to the Rangely Landfarm for while liquids are transported to the Main Water Station. The injection line has not yet been pressure tested as the cleanup continues to progress. Verification of line pressure testing will be forwarded when repairs have been completed and the line has been tested.

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: Compliance Support Date: 12/22/2016 Email: kdkl@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401172491	AERIAL PHOTOGRAPH
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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)