

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:

401169736

Date Received:

12/19/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

448719

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: <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>	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# 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 SE W SEC 14 TWP 2N RNG 103W MERIDIAN 6

Latitude: 40.141475 Longitude: -108.920888

Municipality (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

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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/19/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	90	20	<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>2400</u>		Width of Impact (feet): <u>1</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
The extent of the spill was determined visually, and with the google earth map.			
Soil/Geology Description:			
Silty clay loam.			
Depth to Groundwater (feet BGS) <u>5000</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
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:			
Originally, the volume of the spill was calculated at 89 bbls of produced water with 20 bbls recovered. The original volume was updated to 90 bbls released with 20 bbls recovered. The soil was water washed where produced water contacted the soil in the flow path. Based on previous experience, water washing the soil results in reducing the chloride content to concentrations less than the threshold listed in Table 910. Soil samples will be collected to demonstrate compliance with Table 910 when the weather permits. Notifications were expanded to include Rio Blanco County and the BLM in Meeker Co.			
#2	Supplemental Report Date: _____		

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input type="checkbox"/>
CONDENSATE	_____	_____	<input type="checkbox"/>
PRODUCED WATER	_____	_____	<input type="checkbox"/>
DRILLING FLUID	_____	_____	<input type="checkbox"/>
FLOW BACK FLUID	_____	_____	<input type="checkbox"/>
OTHER E&P WASTE	_____	_____	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO 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): _____ Width of Impact (feet): _____

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

How was extent determined?

Soil/Geology Description:

Depth to Groundwater (feet BGS) _____ Number Water Wells within 1/2 mile radius: _____

If less than 1 mile, distance in feet to nearest Water Well _____ None ☐ Surface Water _____ None ☐
Wetlands _____ None ☐ Springs _____ None ☐
Livestock _____ None ☐ Occupied Building _____ None ☐

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:

Soil samples will be collected when the weather permits.

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: 12/19/2016 Email: kdkl@chevron.com

COA Type

Description

	Operator should provide demonstration with flowline rule, 1101.e. prior to request for closure.
	Guidancefor sample locations should be taken from rule 910.b(3)B. Samples should be analyzed for table 910-1.

Attachment Check List

Att Doc Num

Name

401169736	FORM 19 SUBMITTED
401169775	SITE MAP
401169824	AERIAL PHOTOGRAPH

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)