

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:

401227921

Date Received:

03/08/2017

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

449632

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: CHEVRON PIPELINE COMPANYOperator No: 16690Address: 2750 COUNTY ROAD 102City: RANGELYState: COZip: 81648Contact Person: Gretsel Marshall

Phone Numbers

Phone: (801) 975-2325Mobile: (801) 589-8896Email: gretsel@chevron.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401227921Initial Report Date: 03/08/2017Date of Discovery: 03/05/2017Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 23 TWP 2N RNG 103W MERIDIAN 6Latitude: 40.131022 Longitude: -108.920253Municipality (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- _____

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): >=100Estimated 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): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Dry and cool, snow on the groundSurface 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):

A potential spill was identified the morning of 03/05/2017 and confirmed at 12:54 pm. The spill source was identified as line C-4. The valve to line C-4 was closed and a berm was constructed ` dam. Recovered fluids have been and are being recycled at the facility.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/5/2017	CDPHE	Rpt.Htln-Mr. Greg/Ms. Ann	877-518-5608	Provide Report #2017-0116
3/5/2017	Rio Blanco Sheriff	Operator Ty Gates	970-878-9600	Request incident information
3/5/2017	BLM	Message/James Roberts	970-878-3800	Request information, field visit on 3/7/2017
3/5/2017	COGCC	Message/Alex Fischer	303-894-2100	Request information, Kris Neidel
2/25/2017	DOT PHMSA	Peter Katchmar	800-424-8802	Request information
3/5/2017	EPA	Paul Peronard	800-227-8917	Request information, Joice Ackerman visited site 3/5/2017

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: Christopher Beall
Title: Associate Geologist Date: 03/08/2017 Email: Christopher.Beall@stantec.com

COA Type

Description

	Provide the daily Incident Action Plan (IAP) and all activities performed on a weekly basis via Supplement eForm 19s.
	The supplemental report should include the root cause of the spill and explain measures being taken to prevent reoccurrence.
	The supplemental report should show the spill path plotted on an aerial map (or equivalent).

Attachment Check List

Att Doc Num

Name

401227921	SPILL/RELEASE REPORT(INITIAL)
401231334	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)