

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

401233225

Date Received:

03/15/2017

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

449632

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 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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/15/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	115		<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<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: 3800 bbls of flush water have been introduced, 6400 bbls of oily water recovered as of 3/15/2017			
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 type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 9815		Width of Impact (feet): 5	
Depth of Impact (feet BGS): 1		Depth of Impact (inches BGS):	
How was extent determined?			
Extent of impact measured using field survey and GIS mapping software.			
Soil/Geology Description:			
High clay content mud.			
Depth to Groundwater (feet BGS) 5540		Number Water Wells within 1/2 mile radius: 0	
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 ☒Springs _____ None ☒Livestock _____ None ☒Occupied Building 996 None ☐

Additional Spill Details Not Provided Above:

Current Weather Condition: Dry and cool, ice on ground in shaded areas. 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 ~0.8 miles downgradient from the release. The furthest and downgradient extent of the spill was a previously constructed weir dam located ~1.8 miles from the spill. Vacuum trucks were mobilized on 03/05/2017 and have been recovering fluids from the upgradient side of the berm and the dam. Recovered fluids have been and are being recycled at the facility.

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: Christopher BeallTitle: Associate Geologist Date: 03/15/2017 Email: Christopher.Beall@stantec.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)