

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401318165

Date Received:

06/26/2017

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

451090

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) 6877108</u>
City: <u>MIDLAND</u>	State: <u>TX</u>	Mobile: <u>(432) 9408524</u>
Zip: <u>79706</u>		Email: <u>ABarnhill@chevron.com</u>
Contact Person: <u>Amy Barnhill</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401307520

Initial Report Date: 06/13/2017 Date of Discovery: 03/13/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 32 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.101852 Longitude: -108.873055Municipality (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): >=1 and <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated 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: SunnySurface 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):

On Saturday June 10, 2017 we discovered a historical release at drip trap 8. The piping is in the process of being replaced. The area is in the process of being excavated and contaminated soil is being taken to the land farm.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/10/2017	COGCC	Kris Neidel	-	Left Message
6/13/2017	State	Lannie Massey	-	E-Mail
6/13/2017	Chevron Land	Kristen Hunter	-	E-Mail

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 06/26/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	15	0	<input 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: _____			
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): <u>90</u>		Width of Impact (feet): <u>100</u>	
Depth of Impact (feet BGS): <u>30</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
visual, measurement and google earth			
Soil/Geology Description:			
high clay			
Depth to Groundwater (feet BGS) <u>4760</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1730</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 <u>1436</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

This spill was discovered on 6-10-2017, not 3-13-17.

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: Amy Barnhill

Title: Environmental Compliance Date: 06/26/2017 Email: ABarnhill@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401318254	TOPOGRAPHIC MAP
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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)