

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

401388487

Date Received:

08/28/2017

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437117

## 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>	<b>Phone Numbers</b>
Address: <u>6301 DEAUVILLE BLVD</u>		Phone: <u>(432) 687-7108</u>
City: <u>MIDLAND</u>	State: <u>TX</u>	Mobile: <u>(432) 940-8524</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# 400604100

Initial Report Date: 05/07/2014 Date of Discovery: 05/05/2014 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 36 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.105100 Longitude: -108.789160

Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No. \_\_\_\_\_  
☐ No Existing Facility or Location ID No.  
☒ Well API No. (Only if the reference facility is well) 05-103-06306

#### Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

*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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 30 bbls were spilled

#### Land Use:

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 80 degrees and partly cloudy

Surface Owner: STATE 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 Monday (05-05-2014) at approximately 4:30 PM a water leak occurred on a 3" injection line, coated spool, at Weyrauch 2-36. Approximately 30 BBLs of brine water and 0 BBLs of oil were released. The line was shut in immediately upon detection. Vacuum trucks removed all of the free fluid; estimated recovery was approximately 29 BBLs of brine water and 0 BBLs of oil were recovered. The fluids that were picked up were taken to the truck unloading facility at the Main Water Plant for recycling. The affected was water washed and soil samples will be taken.

List Agencies and Other Parties Notified:

## SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/28/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	30	29	<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? 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): 60 Width of Impact (feet): 18

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): 2

How was extent determined?

Visual Inspection, Measurement and Google Maps

Soil/Geology Description:

High Clay

Depth to Groundwater (feet BGS) 3 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest

Water Well	<u>2402</u>	None <input type="checkbox"/>	Surface Water	<u>1513</u>	None <input 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:

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 08/28/2017

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

A leak occurred on a 3" injection line due to corrosion. 30 bbls brine water was released and 29 were recovered via vac truck. Area wasater washed.

Describe measures taken to prevent the problem(s) from reoccurring:

Line was shut in and repairs were made.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

## 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:

It does not appear that a supplimental report was ever submitted. I do see where maps were submitted. I filled out the supplimental information to the best of my ability.

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 Specialist Date: 08/28/2017 Email: ABarnhill@chevron.com

<u>COA Type</u>	<u>Description</u>

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401388524	OTHER

Total Attach: 1 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)