

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>	Phone Numbers
Address: <u>6301 DEAUVILLE BLVD</u>		Phone: <u>(432) 687-7108</u>
City: <u>MIDLAND</u> State: <u>TX</u> Zip: <u>79706</u>		Mobile: <u>(432) 940-8524</u>
Contact Person: <u>Amy Barnhill</u>		Email: <u>ABarnhill@chevron.com</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? <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>60</u>	Width of Impact (feet): <u>18</u>	
		Depth of Impact (feet BGS): _____	Depth of Impact (inches BGS): <u>2</u>	
How was extent determined?				
Visual Inspection, Measurement and Google Maps				
Soil/Geology Description:				
High Clay				
Depth to Groundwater (feet BGS) <u>3</u>		Number Water Wells within 1/2 mile radius: <u>2</u>		
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 was water 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 supplemental report was ever submitted. I do see where maps were submitted. I filled out the supplemental 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

COA Type	Description

Attachment Check List

Att Doc Num	Name
401388524	OTHER

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)