

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:

401391620

Date Received:

08/30/2017

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

451722

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# 401361330

Initial Report Date: 08/01/2017 Date of Discovery: 07/30/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 19 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.133994 Longitude: -108.892960

Municipality (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): 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: 11.13 bbls of injection water

Land Use:

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

Weather Condition: Sunny

Surface 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):

On Sunday July 31, 2017 we had a release from the injection line to the Gray A16 of 11.13 bbls injection water and no visible oil. We recovered 3.56 bbls of injection water. The area was water washed and samples will be taken to ensure compliance with table 910-1

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/31/2017	COGCC	Kris Neidel	-	Verbal
8/1/2017	RBC	Lannie Massey	-	E-Mail
8/1/2017	Chevron Land	Kristen Hunter	-	E-Mail
8/1/2017	Olson and Assoc.	Tim Dobransky	-	E-Mail
8/1/2017	BLM	S. Burke	-	E-Mail

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 08/30/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>13</u>	<u>3</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 531 Width of Impact (feet): 35

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Measurement and visual review

Soil/Geology Description:

High Clay

Depth to Groundwater (feet BGS) 5376 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>4094</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	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Initial report was filed with inaccurate description of spill. It was stated that spill occurred on 7-31-17, although correct date was entered in date of discovery (7-30-17). It was also stated that spill total was 11.13 bbls injection water, although 13 bbls were entered in the fluid portion of the supplemental spill report. The correct totals are 13.98 bbls of injection water spilled and 3.5 bbls recovered.

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 Specialist Date: 08/30/2017 Email: ABarnhill@chevron.com

<u>COA Type</u>	<u>Description</u>
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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401391620	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401394440	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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		Stamp Upon Approval
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Total: 0 comment(s)