

# 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:

401505457

Date Received:

01/07/2018

Spill report taken by:

Spill/Release Point ID:

## SPILL/RELEASE REPORT (INITIAL)

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>100 CHEVRON RD</u>           |                           | Phone: <u>(970) 675-3787</u>       |
| City: <u>RANGELY</u>                     | State: <u>CO</u>          | Mobile: <u>(281) 254-3691</u>      |
| Zip: <u>81648</u>                        |                           | Email: <u>bkleinsa@chevron.com</u> |
| Contact Person: <u>Ben Kleinsasser</u>   |                           |                                    |

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401505457

Initial Report Date: 01/07/2018 Date of Discovery: 01/06/2018 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 32 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.097515 Longitude: -108.860161

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) 05-103-06275

#### 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 and <1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

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

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 167.59 total bbl fluid

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear and cold

Surface Owner: OTHER (SPECIFY)

Other(Specify): Private

#### 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):

Release of 167.59 bbl produced fluid from flowline riser. All fluid stayed on location within secondary containment berm. All fluids recovered via vac truck, and affected area water washed (wash fluid also fully recovered).

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u>  |
|-------------|---------------------|----------------|--------------|--|
| 1/6/2018    | COGCC               | Kris Neidel    | 970-846-5097 | Left message on cell phone voicemail.                        |
| 1/6/2018    | Chevron             | Nick Moschetti | 432-631-0646 | Affirmed receipt of spill notification and remedial actions. |

OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Ben Kleinsasser

Title: HES Specialist Date: 01/07/2018 Email: bkleinsa@chevron.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 |
|--|--|---------------------|

Total: 0 comment(s)