

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:

401509887

Date Received:

01/10/2018

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

453765

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>	Phone Numbers
Address: <u>100 CHEVRON RD</u>		Phone: <u>(970) 675-3814</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Mobile: <u>(970) 697-8385</u>
Zip: <u>81648</u>		Email: <u>mhaub@chevron.com</u>
Contact Person: <u>Michael Haub</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401509887

Initial Report Date: 01/10/2018 Date of Discovery: 01/10/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 21 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.125000 Longitude: -108.843900Municipality (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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 2.4 BBLS of Injection water

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: FoggySurface 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):

Injection alarms notified operators of a potential leak, to which operators were immediately dispatched, and found a flange leak on the edge of location next to injection well UP 78-21. Operators immediately shut in the well, and call for a vacume truck to collect all released free floating liquids. 2.2 BBLS of the 2.4BBLS were recovered, the area was water washed to remove residual salt concentrations, and the area will be tested to confirm compliance with Table 910-1 standards

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/10/2018	COGCC	Kris Neidel	970-871-1963	Submit Form 19
1/10/2018	RBC	Lannie Massey	-	e-mail
1/10/2018	CVX Land	Kristin Hunter	-	e-mail to notify land owner
1/10/2018	Entrada	Tim Dobranski	-	e-mail to sample for 910 compliance

OPERATOR COMMENTS:

Maps will be submitted with the Supplemental form 19, and prior to submittal for request for closure area will be tested to confirm compliance with Table 910-1 standards.

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

Signed: _____ Print Name: Michael Haub

Title: HES Specialist Date: 01/10/2018 Email: mhaub@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401509887	SPILL/RELEASE REPORT(INITIAL)
401515924	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)