

# 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:

401516604

Date Received:

01/17/2018

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

453765

## 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>100 CHEVRON RD</u>		Phone: <u>(970) 675-3814</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>		Mobile: <u>(970) 697-8385</u>
Contact Person: <u>Michael Haub</u>		Email: <u>mhaub@chevron.com</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 6

Latitude: 40.125000 Longitude: -108.843900

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? No

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): >=1 and <5

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 2.4 BBLS of Injection water

#### Land Use:

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

Weather Condition: Foggy

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):

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**

Date	Agency/Party	Contact	Phone	Response
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

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 01/17/2018		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	2	<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, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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>426</u>		Width of Impact (feet): _____	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Operators on site noted extent of released water			
Soil/Geology Description:			
high clay			
Depth to Groundwater (feet BGS) <u>6368</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>4348</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:			

## 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:

Request for closure will be submitted once lab data is returned showing table 910-1 compliance.

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: 01/17/2018 Email: mhaub@chevron.com

### COA Type

### Description

--	--

## Attachment Check List

### Att Doc Num

### Name

401517271	AERIAL PHOTOGRAPH
-----------	-------------------

Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)