

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:

401606503

Date Received:

04/12/2018

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

454684

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>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# 401596253

Initial Report Date: 04/04/2018 Date of Discovery: 04/01/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 14 TWP 2N RNG 103W MERIDIAN 6

Latitude: 40.138394 Longitude: -108.916422

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) 05-103-09207

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): >=100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 214.23 bbl injection water

Land Use:

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

Weather Condition: Clear and cool

Surface Owner: FEDERAL Other(Specify): BLM

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):

A 3" corvette coated injection lateral released 214.23 bbl of injection (produced) water onto the well pad. All fluid stayed on the well pad within the earthen berm, all standing fluid was recovered, the area was water washed and fluids collected.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/2/2018	COGCC	Kris Neidel	970-871-1963	Affirmed receipt of spill information
4/4/2018	Chevron Land	Noel Veneracion	432-687-7663	Affirmed receipt of spill information
4/2/2018	Ryan Snyder	BLM	208-320-0955	Affirmed receipt of spill information

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 04/12/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	214	210	<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>190</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Operator measured area and depth of soak in.			
Soil/Geology Description:			
High clay			
Depth to Groundwater (feet BGS) <u>3320</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> </u> None <input checked="" type="checkbox"/>	Surface Water <u> </u>	None <input checked="" type="checkbox"/>
	Wetlands <u> </u> None <input checked="" type="checkbox"/>	Springs <u> </u>	None <input checked="" type="checkbox"/>
	Livestock <u> </u> None <input checked="" type="checkbox"/>	Occupied Building <u> </u>	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

This supplemental is an addendum to the previous supplemental, and all absent data is collected there. Closest water well is in excess of 1 mile and was tied to well permit #2446-F. Said well was perf'd at over 4,000' below grade, and the original permit was cancelled 6/11/1998.

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:

Second supplemental tied to initial spill report 401596253. COGIS Map was not functional at time of first supplemental due date.

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: Field HES Specialist Date: 04/12/2018 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
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Total: 0 comment(s)