

**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:

401599838

Date Received:

04/06/2018

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

159567

## 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>	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# 400767943

Initial Report Date: 01/09/2015      Date of Discovery: 01/08/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 23 TWP 2N RNG 103W MERIDIAN 6Latitude: 40.126500 Longitude: -108.930600Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

#### Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: \_\_\_\_\_

☐ No Existing Facility or Location ID No.

Number: \_\_\_\_\_

☒ Well API No. (Only if the reference facility is well) 05-103-05718

#### **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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### **Land Use:**

Current Land Use: NON-CROP LAND

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

Weather Condition: 40 degrees and sunnySurface Owner: FEDERALOther(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):

Thursday (01-08-2015) at approximately 2:47 PM a leak occurred on an on a 3" coated steel injection line at AC McLaughlin 23. Approximately 50.4BBLs of produced water was released. The lateral valve was shut in immediately upon detection. Vacuum truck recovered an estimated 40 BBLs. The affected has been water washed and soil samples will be taken.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
1/8/2015	COGCC	Kris Neidel	970-871-1963	Email
1/8/2015	BLM	Justin Wilson	970-878-3825	Email
1/8/2015	Chevron Landman	Chris Cooper	432-687-7730	Email
1/8/2015	Rio Blanco County	Mark Sprague	970-878-9584	Email

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 04/06/2018		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	50	40	<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>778</u>		Width of Impact (feet): <u>4</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
operator on site determined visual extent.			
Soil/Geology Description:			
silty clay			
Depth to Groundwater (feet BGS) <u>4468</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1256</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:			

Water well is not an active produced, but was deepened and converted to an oil well in 1963. The potable zone was cemented closed at that time. No other DWR wells are in the area. (permit # 2559-F)

## 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:

Closure Requested

Please find attached lab results showing compliance with Table 910-1

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: 04/06/2018 Email: mhaub@chevron.com

### COA Type

### Description

	Based on review of information presented it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site.
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## Attachment Check List

### Att Doc Num

### Name

401599838	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401599894	ANALYTICAL RESULTS
401599899	AERIAL PHOTOGRAPH

Total Attach: 3 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)