

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:

401733324

Date Received:

08/14/2018

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

437079

## 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: CHEVRON USA INC	Operator No: 16700	<b>Phone Numbers</b> Phone: (970) 675-3814 Mobile: (970) 697-8385 Email: mhaub@chevron.com
Address: 6301 DEAUVILLE BLVD		
City: MIDLAND	State: TX Zip: 79706	
Contact Person: Michael Haub		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400602408

Initial Report Date: 05/05/2014 Date of Discovery: 05/03/2014 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 17 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.148110 Longitude: -108.874250

Municipality (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) 05-103-01078

#### 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): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 28 bbl of produced water spilled

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: 60 degrees and sunny

Surface Owner: OTHER (SPECIFY)

Other(Specify): Partially owned by Roger Chapman

#### 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):

On 05-03-2014 at approximately 9:45 AM a water Injection Leak occurred on a 3" lateral injection line at Kitty Fairfield B 1.(API: 05-103-01078) at approximately 9:45 AM. The leak was due to internal corrosion on a coated spool. The leak ran approximately 382 feet into an un-named erosion channel. Approximately 28 BBLs of Brine Water and 0 BBLs of Oil were released. The Line was shut in immediately upon detection. Vacuum truck removed all of the free fluid; estimated recovery was 23 BBLs of brine water. The fluids that were picked up were taken to the Truck Unloading Facility at the Main Water Plant for recycling. All affected area will be water washed and Soil Samples will be taken.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
5/3/2014	COGCC	Kris Neidel	970-871-1963	Sent email
5/3/2014	CDPHE	Hotline	970-877-518-5608	LVM
5/3/2014	Rio Blanco County	Mark Sprague	970-878-9584	Sent email

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☐

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: \_\_\_\_\_

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☐

If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 08/14/2018		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	28	23	<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: Water washed with 190 BBLs of fresh water			
Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO			
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.			
<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): 382		Width of Impact (feet): 1	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 1	
How was extent determined?			
Operator on site determined extent of fluid path, and depth of soil soak in			
Soil/Geology Description:			
silty clay			
Depth to Groundwater (feet BGS) 3300		Number Water Wells within 1/2 mile radius: 1	

If less than 1 mile, distance in feet to nearest	Water Well	1300	None	Surface Water	997	None
	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:

Attached is lab data that show 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: 08/14/2018 Email: mhaub@chevron.com

## COA Type

## Description

## Attachment Check List

### Att Doc Num

### Name

401733341	ANALYTICAL RESULTS
401733402	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)