

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:

401855398

Date Received:

11/30/2018

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

439102

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400675793

Initial Report Date: 08/28/2014 Date of Discovery: 08/28/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 18 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.144850 Longitude: -108.892960

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- -

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): >=5 and <100

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:

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: 70 degrees and sunny

Surface Owner: FEE

Other(Specify):

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):

Today, Thursday (08-282014) at approximately 3:00 PM a leak occurred on 3" coated spool injection line. Spill started approximately 200 feet NE of Gray B 5, at 40.145278, -108.8925 and ended at 40.145278, 108.890556. Approximately 19.5BBLs of produced water was released. The lateral valve was shut in immediately upon detection. Vacuum truck recovered an estimated 18 BBLs. The 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
8/28/2014	COGCC	Kris Neidel	970-871-1963	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: 11/30/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	19	18	<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? NO Was an Emergency Pit constructed? NO			
Secondary containment, including walls & floor regardless of construction material , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
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): 508		Width of Impact (feet): 4	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 1	
How was extent determined?			
onsite visual inspection by environmental specialist			
Soil/Geology Description:			
high clay			
Depth to Groundwater (feet BGS) 4902		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest		Water Well 4107 None <input type="checkbox"/>	Surface Water 726 None <input 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:

top of perms on nearest water well was depth to groundwater

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/30/2018

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Corvel coated spool internal coating failure resulting in release of injection water

Describe measures taken to prevent the problem(s) from reoccurring:

Section of line was replaced with stainless steel.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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 closure. See attached for documentation that Table 910-1 requirements are met.

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: 11/30/2018 Email: mhaub@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401855407	AERIAL PHOTOGRAPH
401855413	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)