

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:

401951455

Date Received:

02/27/2019

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

462755

SPILL/RELEASE REPORT (INITIAL)

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: (675) 3814 Mobile: (307) 8715363 Email: spwu@chevron.com
Address: 100 CHEVRON RD		
City: RANGELY	State: CO Zip: 81648	
Contact Person: S Chris Patterson		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401951455

Initial Report Date: 02/26/2019 Date of Discovery: 02/25/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 19 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.132563 Longitude: -108.881045

Municipality (if within municipal boundaries): County: RIO BLANCO

Reference Location:

Facility Type: FLOWLINE

☐ Facility/Location ID No

Spill/Release Point Name: FEE

☐ No Existing Facility or Location ID No.

Number: 122X

☒ Well API No. (Only if the reference facility is well) 05-103-08663

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: Water wash of spill area is scheduled

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Partly cloudy, 22 degrees F

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):

3" Injection spool piping failed, spilling 3.1 bbls of produced water to land. injection well was isolated and hydrovac recovered 4 bbls of fluid. All fluids stayed on location and inside location berms.

List Agencies and Other Parties Notified:

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: _____

OPERATOR COMMENTS:

Water wash of spill area has been scheduled and final numbers will be added to the Supplemental report. Cause of spill has not been determined, will add to Supplemental report after RCA.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: S Chris Patterson

Title: HES Specialist Date: 02/27/2019 Email: spwu@chevron.com

COA Type

Description

	Assess nature and extent of contamination with confirmation soil samples. Provide documentation in a Supplemental F-19 if cleaned up immediately and/or F-27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results.
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Attachment Check List

Att Doc Num

Name

401951455	SPILL/RELEASE REPORT(INITIAL)
401953449	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)