

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:

402001512

Date Received:

04/09/2019

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

441848

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: (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# 400841541

Initial Report Date: 05/19/2015 Date of Discovery: 05/16/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 23 TWP 2N RNG 103W MERIDIAN 6

Latitude: 40.130300 Longitude: -108.916500

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): 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:

Land Use:

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

Weather Condition: 40 degrees Dark

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):

Saturday (05-16-2015) at approximately 12:45 AM a leak occurred on the West Line- LN Hagood A 5 lateral due to a split valve. Approximately 721.4 BBLs of produced water and 0 BBLs oil were released. All lateral lines, wells and collection stations were shut in immediately upon detection. Vacuum truck recovered an estimated 580 BBLs. Area has been water washed and soil samples will be taken.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/16/2015	COGCC	Kris Neidel	970-871-1963	Emailed
5/16/2015	BLM	JR Wilson/James Roberts	970-878-3825	Emailed
5/16/2015	Rio Blanco County	Mark Sprague	970-878-9584	Emailed
5/16/2015	Chevron Landman	Chris Cooper	432-687-7730	Emailed

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: 04/09/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	721	580	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	2560	5602	<input type="checkbox"/>

specify: Clean water used to wash to spill path

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) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 1400 Width of Impact (feet): 20

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): 1

How was extent determined?

Field Measured

Soil/Geology Description:

High Clay

Number Water Wells within 1/2 mile radius: 0

Surface Water	1741	None	<input type="checkbox"/>
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None ☒Occupied Building ☐ None ☒

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	04/09/2019
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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)

6 inch valve cracked/failed. Valve was replaced.

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

Replaced valve with new valve.

Volume of Soil Excavated (cubic yards):

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

☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls):

Volume of Impacted Surface Water Removed (bbls):

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:

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: 04/09/2019 Email: spwu@chevron.com

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402001551	ANALYTICAL RESULTS

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)