

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:

402043117

Date Received:

05/14/2019

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

464283

## 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: (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# 402032774

Initial Report Date: 05/06/2019 Date of Discovery: 05/04/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 20 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.124878 Longitude: -108.871431

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

#### Reference Location:

Facility Type: FLOWLINE

☐ Facility/Location ID No

Spill/Release Point Name: UP-104X20

☒ No Existing Facility or Location ID No.

Number: 1

☐ 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): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 90.6 bbls.

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Sunny-60-70 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):

Line was isolated upon discovery. Injection water leak occurred from a 3 inch steel cement coated line. All fluids went to land, 80 bbls recovered. Area was water washed with 480 bbls of clean water and 480 bbls was recovered.

**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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 05/14/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	90	80	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	480	480	<input type="checkbox"/>

specify: Clean water from Main water plant to water wash area.

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): 1397 Width of Impact (feet): 27

Depth of Impact (feet BGS): Depth of Impact (inches BGS): 0

How was extent determined?

Field measured with tape measure

Soil/Geology Description:

High Clay

Depth to Groundwater (feet BGS) 4876 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well None ☒ Surface Water 321 None ☐

Wetlands None ☒ Springs None ☒

Livestock None ☒ Occupied Building None ☒

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/14/2019
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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)

3 inch Cement lined Injection Line Spool failed due to internal corrosion.

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

Replaced spool 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:

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: 05/14/2019 Email: spwu@chevron.com

COA Type	Description

## Attachment Check List

Att Doc Num	Name
402043175	AERIAL PHOTOGRAPH

Total Attach: 1 Files

## General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)