

State of Colorado
Oil and Gas Conservation Commission

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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: <u>CHEVRON USA INC</u>	Operator No: <u>16700</u>	Phone Numbers
Address: <u>100 CHEVRON RD</u>		Phone: <u>(675) 3814</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Zip: <u>81648</u>
Contact Person: <u>S Chris Patterson</u>		Mobile: <u>(307) 8715363</u>
		Email: <u>spwu@chevron.com</u>

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): _____

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		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> 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)		<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> 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
	Per rule 906.b(2) and 906.b(3), notice should be given to the surface owner and local government, no notices were listed. Please report these notices on a supplemental report.
	Chevron has frequently determined the soak in depth of this type of spill. Please provide soak in depths on the 10-day report.

Attachment Check List

Att Doc Num	Name
402043117	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402043175	AERIAL PHOTOGRAPH
402050229	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)