

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:

402055913

Date Received:

05/27/2019

Spill report taken by:

Spill/Release Point ID:

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: <u>CHEVRON USA INC</u>	Operator No: <u>16700</u>	Phone Numbers
Address: <u>100 CHEVRON RD</u>		Phone: <u>(970) 675-3787</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Zip: <u>81648</u>
Contact Person: <u>Ben Kleinsasser</u>		Mobile: <u>(281) 254-3691</u>
		Email: <u>bkleinsa@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402055913

Initial Report Date: 05/27/2019 Date of Discovery: 05/25/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 14 TWP 2N RNG 103W MERIDIAN 6

Latitude: 40.136230 Longitude: -108.923490

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No _____

Spill/Release Point Name: A.C. McLaughlin No Existing Facility or Location ID No.

Number: 69X 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? 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: Will provide water wash data as part of supplemental(s).

Land Use:

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

Weather Condition: Clear and about 65°F

Surface Owner: FEDERAL 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):

Spill of 1.72 bbl produced water only (0.00 bbl oil) from injection lateral line to land (off well pad) at ~6:09 am. Cause of failure and depth of release point is still under investigation and will provide as able. Line was shut in and standing fluid was collected. Should be noted that the stated release lat/long is for the AC McLaughlin 69X wellhead and will be updated on the supplemental since the leak occurred off-pad.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/25/2019	COGCC	Kris Neidel	970-846-5097	Left message notifying of spill

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:

Will submit depth of release point, line material, etc. and corrected lat/long as part of supplemental(s). Chevron requests an amended soil sample schedule that includes EC, SAR, PH, based on rule 910.b(3)b.

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

Signed: _____ Print Name: Ben Kleinsasser

Title: HES Specialist Date: 05/27/2019 Email: bkleinsa@chevron.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 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)