

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402181610

Date Received:

09/19/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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 USA INC</u>		Phone: <u>(675) 3814</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>		Mobile: <u>(307) 8715363</u>
Contact Person: <u>S Chris Patterson</u>		Email: <u>spwu@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402181610

Initial Report Date: 09/19/2019 Date of Discovery: 09/17/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 28 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.110557 Longitude: -108.843588

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No _____

Spill/Release Point Name: Fee 90X near WAG Skid 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): >=100 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Clean water from Water plant used to was spill path.

Land Use:

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

Weather Condition: Sunny/Clear 50-60 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):

A spill to land of Produced (Injection) water from near WAG skid at Fee-90X, approximately 30.55 bbls. Zero oil. 16 bbls was recovered with a vac truck and spill area was water washed with 160 bbls of clean water from the Main Water Plant and 160 bbls of water was recovered. Probable cause is internal corrosion on 3 inch Corvel coated spool.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/18/2019	COGCC	Kris Neidel	970-871-1963	Made initial spill report
9/19/2019	CVX Land	Lee Smitherman	-	Email
	Rio Blanco Co.	Lannie Massey	-	Email

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: 09/19/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>30</u>	<u>16</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>160</u>	<u>160</u>	<input type="checkbox"/>

specify: Clean water from water plant used to wash 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): 109 Width of Impact (feet): 30

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

How was extent determined?

Feild measured with tape measure and measuring wheel.

Soil/Geology Description:

High Clay

Depth to Groundwater (feet BGS) 3970 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest Water Well 2641 None Surface Water 350 None

Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building _____ None

Additional Spill Details Not Provided Above:

A spill to land of Produced (Injection) water from near WAG skid at Fee-90X, approximately 30.55 bbls. Zero oil. 16 bbls was recoved with a vac truck and spill area was water washed with 160 bbls of clean water from the Main Water Plant and 160 bbls of water was recovered. Cause is internal corrosion on 3 inch Corvel coated spool approximately 4-5 feet below ground and will be replaced with stainless Steel. Nearest well was used to determine ground water depth and neaest surface water was a dry feature. Will gather soil samples below pipe.

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:

Will provide root cause and corrective actions prior to close.

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: 09/19/2019 Email: spwu@chevron.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402181715	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)