

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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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>
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# 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 6Latitude: 40.110557 Longitude: -108.843588Municipality (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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): >=100Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 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 FSurface 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	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	30	16	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	160	160	<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 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. 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 nearest 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

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402181715	AERIAL PHOTOGRAPH
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)