

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:

402565339

Date Received:

01/04/2021

Spill report taken by:

Spill/Release Point ID:

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 ROAD</u>		Phone: <u>(970) 675-3814</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Mobile: <u>(307) 871-5363</u>
Zip: <u>81648</u>		Email: <u>spwu@chevron.com</u>
Contact Person: <u>Chris patterson</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402564380

Initial Report Date: 12/31/2020 Date of Discovery: 12/30/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNE SEC 29 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.119712 Longitude: -108.864861

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

Reference Location:

Facility Type: FLOWLINE SYSTEM

☐ Facility/Location ID No _____

Spill/Release Point Name: UP 48-29

☒ Well API No. (Only if the reference facility is well) 05-103-06231

☐ No Existing Facility or Location ID No.

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: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Partly Cloudy, Cold 22F

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):

Gasket failed on 1" Ballon Valve on WAG-Skid. Field Specialist isolated the line, notified supervisor, then called a Vac-Truck to remove standing fluids. Area was washed with fresh water from the Main Water Plant.

List Agencies and Other Parties Notified:

Was there a Grade 1 Gas Leak? Yes ☐ No ☒

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes ☐ No ☒

If YES, was CO 811 notified prior to excavation? Yes ☐ No ☐

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/04/2021

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input checked="" type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	160	160	<input type="checkbox"/>

specify: Clean water from the main water plant used to water wash spill 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): 56 Width of Impact (feet): 4

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

How was extent determined?

Field measured with measuring tape and wheel.

Soil/Geology Description:

High Clay

Depth to Groundwater (feet BGS) 3970 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well None ☒ Surface Water None ☒
Wetlands None ☒ Springs None ☒
Livestock None ☒ Occupied Building None ☒

Additional Spill Details Not Provided Above:

Operator discovered leaking valve at the well's WAG skid during daily routine duties, isolated line, made all proper notifications and replaced leaking valve. Spill area was water washed with clean water from the main water plant. HSE Specialist notified Chevron Land and Rio Blanco County of spill via email, will be diligent about entering other agency notifications on future F19 Initial Reports. See attached spill map.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	01/04/2021
Root Cause of Spill/Release <u>Equipment Failure</u>		
Other (specify) _____		
Type of Equipment at Point of Spill/Release: <u>Manifold Piping</u>		
If "Other" selected above, specify or describe here: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
Describe Incident & Root Cause (include specific equipment and point of failure) <div style="border: 1px solid black; padding: 5px;">Operator discovered leaking valve at the well's WAG skid during daily routine duties, isolated line, made all proper notifications and replaced leaking valve. Valve's internal gasket had failed.</div>		
Describe measures taken to prevent the problem(s) from reoccurring: <div style="border: 1px solid black; padding: 5px;">Replaced valve.</div>		
Volume of Soil Excavated (cubic yards): <u>0</u>		
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): <u>0</u>		
Volume of Impacted Surface Water Removed (bbls): <u>0</u>		

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:

Operator discovered leaking valve at the well's WAG skid during daily routine duties, isolated line, made all proper notifications and replaced leaking valve. Spill area was water washed with clean water from the main water plant. HSE Specialist notified Chevron Land and Rio Blanco County of spill via email, will be diligent about entering other agency notifications on future F19 Initial Reports. See attached spill map.

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

Signed: _____ Print Name: Chris patterson
Title: Lead HSE Specialist Date: 01/04/2021 Email: spwu@chevron.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402565404	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)