

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:

NEIDEL, KRIS

Spill/Release Point ID:

479008

### 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>	<b>Phone Numbers</b> Phone: <u>(970) 675-3814</u> Mobile: <u>(307) 871-5363</u> Email: <u>spwu@chevron.com</u>
Address: <u>100 CHEVRON ROAD</u>		
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</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): \_\_\_\_\_

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 Equipment Failure

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Manifold Piping

If "Other" selected above, specify or describe here:

Describe Incident & Root Cause (include specific equipment and point of failure)

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.

Describe measures taken to prevent the problem(s) from reoccurring:

Replaced valve.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 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:

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**

	Assess the nature and extent of contamination with confirmation soil samples. Delineate the horizontal and vertical extent of impacted area and remediate impacts to Table 910-1 standards. Provide documentation in either a Supplemental Form 19 if cleaned up immediately and/or Form 27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results.
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**Attachment List****Att Doc Num****Name**

402565339	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402565404	AERIAL PHOTOGRAPH
402568423	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)