

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:

402601485

Date Received:

02/17/2021

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

438683

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: CHEVRON USA INC	Operator No: 16700	Phone Numbers Phone: (970) 675-3814 Mobile: (307) 871-5363 Email: spwu@chevron.com
Address: 100 CHEVRON ROAD		
City: RANGELY	State: CO Zip: 81648	
Contact Person: Chris Patterson		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400652498

Initial Report Date: 07/29/2014 Date of Discovery: 07/28/2014 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR sese SEC 23 TWP 2n RNG 103w MERIDIAN 6

Latitude: 40.130387 Longitude: -108.916534

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

Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

Spill/Release Point Name: ☒ Well API No. (Only if the reference facility is well) 05-103-05736

☐ 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? No

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): >=5 and <100

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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: 70 Degrees and cloudy

Surface Owner: FEDERAL

Other(Specify): BLM

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):

Monday (07-28-2014) at approximately 1:05 PM a spill occurred at the produced water tank which was released through the hatch at Collection Station 5, approximately 120 feet SW of LN Hagood A 5. Approximately 5.2507 BBLs of oil were released. The line was shut in immediately upon detection. Vacuum truck removed all of the free fluid; estimated recovery was approximately 5 BBLs. All impacted soil will be taken to the landfarm for remediation. Analytical soil samples will be taken. The spill was to secondary containment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/28/2014	COGCC	Kris Neidel	-	Sent Email

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 ☐

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/17/2021

Root Cause of Spill/Release Equipment Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: Other

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

Control Valve

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

Monday (07-28-2014) at approximately 1:05 PM a spill occurred at the produced water tank which was released through the hatch at Collection Station 5, approximately 120 feet SW of LN Hagood A 5. Approximately 5.2507 BBLs of oil were released. The line was shut in immediately upon detection. Vacuum truck removed all of the free fluid; estimated recovery was approximately 5 BBLs. All impacted soil will be taken to the landfarm for remediation. Analytical soil samples will be taken. The spill was to secondary containment. Spill due to valve failure-stuck open.

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

Replaced valve.

IX

Volume of Soil Excavated (cubic yards): _____

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

☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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:

This area noted on the Form 19 was walked and soil was probed with a shovel to identify any notable impacts and assure that representative samples were collected on 8/21/2014. Samples were collected after the tank was permanently taken out of service and oil impacted soils were removed. No hydrocarbon odors or salt staining were observed. The SS1 sample location was re-sampled on 10/6/2017 for EC. Historical background samples from a prior spill were used for background reference. All samples are within the COGCC Table 910-1 allowable concentrations. Chevron is requesting closure of Spill ID 400652498 under Table 910-1 due to the initial release occurring during Table 910-1 rule. Samples were collected prior to the Table 915 adoption.

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: 02/17/2021 Email: spwu@chevron.com

COA Type

Description

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Attachment List

Att Doc Num

Name

402601543	ANALYTICAL RESULTS
402601545	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)