

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:

402632484

Date Received:

03/18/2021

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

448739

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 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# 401168082

Initial Report Date: 12/16/2016 Date of Discovery: 12/15/2016 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SENW SEC 19 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.130622 Longitude: -108.888345

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

Reference Location:

Facility Type: _____ Facility/Location ID No _____

Spill/Release Point Name: _____ Well API No. (Only if the reference facility is well) 05-103-06141

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? Yes

Estimated Total Spill Volume: use same ranges as others for values

| | |
|---|---|
| Estimated Oil Spill Volume(bbl): <u>0</u> | Estimated Condensate Spill Volume(bbl): <u>0</u> |
| Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u> | Estimated Produced Water Spill Volume(bbl): <u>>=100</u> |
| Estimated Other E&P Waste Spill Volume(bbl): <u>0</u> | Estimated Drilling Fluid Spill Volume(bbl): <u>0</u> |

Specify: approximately 335 bbls of injection water.

Land Use:

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

Weather Condition: estimated 40 degrees and cloudy

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):

An 8 inch cement pipeline failed, releasing approximately 335 bbls of injection water to land. The leak occurred north of collection station 11 near Fee 43. A map and additional data will be forwarded when available.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|------------|--------------|--------------|-------------|----------------------------|
| 12/15/2016 | COGCC | Kris Neidel | 970-8711963 | discussion about the spill |
| 12/15/2016 | RBC | Lanny massey | 970-8789400 | I left a phone message |

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

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: 10116

OPERATOR COMMENTS:

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 Env Specialist Date: 03/18/2021 Email: spwu@chevron.com

COA Type

Description

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|--|--|
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Attachment List

Att Doc Num

Name

| | |
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| | |
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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

| | | |
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| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)