

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:

402615352

Date Received:

03/03/2021

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

479526

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# 402610910

Initial Report Date: 02/25/2021 Date of Discovery: 02/25/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWSW SEC 24 TWP 2N RNG 103W MERIDIAN 6

Latitude: 40.126387 Longitude: -108.911166

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

Reference Location:

Facility Type: _____ Facility/Location ID No _____

Spill/Release Point Name: SB Lacy 2AX Well API No. (Only if the reference facility is well) 05- -

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): <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>>=1 and <5</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

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

Weather Condition: Clear, breezy 28 Degree F

Surface Owner: FEDERAL 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):

At approximately 10:08 am, a produced water spill of 2.23 bbls went to land on the SB Lacy 2AX Pad location, when the backflow tank overflowed. All fluids stayed on pad. Valve was immediately shut and all proper notifications were made. 2 bbl of fluid was recovered and the spill area was water washed with clean water from the main water plant.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/25/2021	Rio Blanco County	Ty Gates	-	notified via email
2/25/2021	Chevron Land	Rachael Bledsoe	-	notified via email
2/25/2021	Entrada Inc.	Tim Dobransky	-	notified via 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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	03/03/2021		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	2	2	<input type="checkbox"/>	
DRILLING FLUID	0	0	<input type="checkbox"/>	
FLOW BACK FLUID	0	0	<input type="checkbox"/>	
OTHER E&P WASTE	50	45	<input type="checkbox"/>	
specify: Clean/fresh water from the main water plant used to wash the spill area.				
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted:		Length of Impact (feet):	86	Width of Impact (feet): 40
		Depth of Impact (feet BGS):	0	Depth of Impact (inches BGS): _____
How was extent determined?				
Field measured with measuring tape and measuring wheel.				
Soil/Geology Description:				
High Clay				

Depth to Groundwater (feet BGS) 3320 Number Water Wells within 1/2 mile radius: 0
 If less than 1 mile, distance in feet to nearest Water Well 2852 None Surface Water 311 None
 Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building _____ None

Additional Spill Details Not Provided Above:

Area was water washed with clean/fresh water from the main water plant to help progress the clean up process.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/03/2021

Root Cause of Spill/Release Incorrect Operations (Human Error)
 Other (specify) _____

Type of Equipment at Point of Spill/Release: Other

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

Over flow tank used on location.

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

At approximately 10:08 am, a produced water spill of 2.23 bbls went to land on the SB Lacy 2AX Pad location, when the backflow tank overflowed. All fluids stayed on pad. Valve was immediately shut and all proper notifications were made. 2 bbl of fluid was recovered and the spill area was water washed with clean water from the main water plant. Tank was unattended when overflow occurred.

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

Up dated the work procedure to include that while flowing to overflow tank, it must be attended at all times until flow has been shut off to the overflow tank.

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:

At approximately 10:08 am, a produced water spill of 2.23 bbls went to land on the SB Lacy 2AX Pad location, when the backflow tank overflowed. All fluids stayed on pad. Valve was immediately shut and all proper notifications were made. 2 bbl of fluid was recovered and the spill area was water washed with clean water from the main water plant. Tank was unattended when overflow occurred. Up dated the work procedure to include that while flowing to overflow tank, it must be attended at all times until flow has been shut off to the overflow tank.

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

Condition of Approval

<u>COA Type</u>	<u>Description</u>
	Soil delineation shall include a sample, at appropriate depth, at the Spill/Release Point Location.
	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 915-1 standards. Provide documentation in either a Supplemental Form 19 if cleaned up within 90 days. Spills open longer than 90 days require a Form 27. Documentation must include a figure showing spill area with sample locations plus laboratory results.
2 COAs	

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402615352	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402615394	AERIAL PHOTOGRAPH
402733159	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)