

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:

402608741

Date Received:

02/24/2021

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444668

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>760 HORIZON DRIVE STE 401</u> | | |
| City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u> | | |
| Contact Person: <u>Chris Patterson</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400982119

Initial Report Date: 02/01/2016 Date of Discovery: 02/01/2016 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNE SEC 26 TWP 2N RNG 103W MERIDIAN 6

Latitude: 40.115800 Longitude: -108.921200

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) 05-103-05661

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): <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>>=5 and <100</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: 20 degrees and sunny

Surface Owner: OTHER (SPECIFY) Other(Specify): Rangely & Raven Pat. Placer Claims Et Al

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):

Today, Monday (02-01-2016) at approximately 11:04 AM a leak occurred on an injection line to Emerald 9. Approximately 82.9 BBLs of produced water and 0 BBLs oil were released. The lines were shut in immediately upon detection. Vacuum truck recovered an estimated 75 BBLs. The affected area will have soil samples taken to meet the COGCC 910-1 table.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|-------------------|--------------|--------------|---------------|
| 2/1/2016 | COGCC | Kris Neidel | 970-871-1963 | Email/Form 19 |
| 2/1/2016 | Rio Blanco County | Mark Sprague | 970-878-9584 | Email |
| 2/1/2016 | Chevron Landman | Chris Cooper | 432-687-7730 | 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: 02/24/2021

Root Cause of Spill/Release Corrosion

Other (specify) _____

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

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

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

Today, Monday (02-01-2016) at approximately 11:04 AM a leak occurred on an injection line to Emerald 9. Approximately 82.9 BBLs of produced water and 0 BBLs oil were released. The lines were shut in immediately upon detection. Vacuum truck recovered an estimated 75 BBLs. The affected area will have soil samples taken to meet the COGCC 910-1 table. Spill due to internal corrosion of 3 inch coated piping. corrosion.

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

Piping was replaced.

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:

The 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 11/3/2016. No hydrocarbon odors or salt staining were observed. The SS1 sample location was re-sampled on 8/13/2020 for EC. All samples are within the COGCC Table 910-1 allowable concentrations. Chevron is requesting closure of Spill ID 400982119 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: 02/24/2021 Email: spwu@chevron.com

Condition of Approval

COA Type

Description

| | |
|--|---|
| | Based on review of information presented it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if groundwater is found to be impacted, then further investigation and/or remediation activities may be required at the site. |
|--|---|

1 COA

Attachment List

Att Doc Num

Name

| | |
|-----------|------------------------------------|
| 402608741 | SPILL/RELEASE REPORT(SUPPLEMENTAL) |
| 402608745 | ANALYTICAL RESULTS |
| 402982621 | FORM 19 SUBMITTED |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)