

State of Colorado Oil and Gas Conservation Commission

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Document Number:

403121861

Date Received:

07/29/2022

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

OPERATOR INFORMATION

Name of Operator: <u>CHEVRON USA INC</u>	Operator No: <u>16700</u>	Phone Numbers
Address: <u>760 HORIZON DRIVE STE 401</u>		Phone: <u>(970) 501-5157</u>
City: <u>GRAND JUNCTION</u>	State: <u>CO</u>	Mobile: <u>(970) 620-3456</u>
Zip: <u>81506</u>		Email: <u>chris.patterson@scoutep.com</u>
Contact Person: <u>Chris Patterson</u>		

☐ Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 403121861

Initial Report Date: 07/29/2022 Date of Discovery: 07/28/2022 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NWSE SEC 29 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.110664 Longitude: -108.863113Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Reference Location:

Facility Type: WELL☐ Facility/Location ID No _____Spill/Release Point Name: UP 90X29☒ Well API No. (Only if the reference facility is well) 05-103-07582☐ No Existing Facility or Location ID No.

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

Estimated Oil Spill Volume(bbl): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Has the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Partly CloudySurface Owner: FEE

Other(Specify): _____

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

As part of the well P&A and reclamation process developed under REM #24024, impacts were identified visually and olfactory in the soils surrounding the UP 90X29 wellhead. Visually impacted soils are being excavated and transported to the Scout Rangely landfarm for treatment. Impacts appear to have remained on location. One cleanup appears to have been achieved, confirmation soil samples will be collected from the base and sidewalls of the excavation and analyzed for Table 915-1.

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/29/2022	COGCC	Kris Neidel	970-846-5097	Communication by T. Dobransky - Entrada

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

No	Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road. Waters of the State: _____ Public Water System: _____ Residence or Occupied Structure: _____ Livestock: _____ Wildlife: _____ Publicly-Maintained Road: _____
Yes	Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.
Yes	Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.
No	Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak Enter the approximate time of discovery _____ (HH:MM) 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? _____ Enter the Document Number of the Initial Accident Report, Form 22 _____ Was there damage during excavation? _____ Was CO 811 notified prior to excavation? _____
Yes	Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. Estimated Volume of Impacted Solids (cu. yd.): _____ 50
No	Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply: <input type="checkbox"/> The presence of free product or hydrocarbon sheen Surface Water <input type="checkbox"/> The presence of free product or hydrocarbon sheen on Groundwater <input type="checkbox"/> The presence of contaminated soil in contact with Groundwater <input type="checkbox"/> The presence of contaminated soil in contact with Surface water
No	Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylights from the subsurface.

No	Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.
	<input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way
No	Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.
No	Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/29/2022		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER			<input checked="" type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
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): <u>20</u>		Width of Impact (feet): <u>20</u>	
Depth of Impact (feet BGS): <u>15</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Impacts originated from around the concrete well cellar. The cellar has been removed. Excavation of impacted soils will continue until no visual impacts remain. Soil samples will be collected from the excavation base and sidewalls to confirm that impacts have been removed and compliance with COGCC Table 915-1 has been achieved.			
Soil/Geology Description:			
Chipeta silty clay loam, 3 to 25 percent slopes			
Depth to Groundwater (feet BGS) <u>250</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well _____	None <input checked="" type="checkbox"/>	Surface Water <u>276</u> None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
	Livestock _____	None <input checked="" type="checkbox"/>	Occupied Building <u>4000</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/29/2022

Root Cause of Spill/Release Unknown (Historical)

Other (specify)

Type of Equipment at Point of Spill/Release: Other

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

Concrete wellhead cellar

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

Historical fluids were released over time from a breach in the southwest corner of the wellhead cellar

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

This was a historical release. Well has been permanently abandoned. Impacted soil is being excavated and transported to the Rangely landfarm for treatment.

Volume of Soil Excavated (cubic yards): 50

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, check all that apply)
 - ☐ Horizontal and Vertical extents of impacts have been delineated.
 - ☐ Documentation of compliance with Table 915-1 is attached.
 - ☐ All E&P Waste has been properly treated or disposed.
 - ☒ Work proceeding under an approved Form 27 (Rule 912.c).
 - Form 27 Remediation Project No: 24024
 - ☐ SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

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: Senior HSE Coordinator Date: 07/29/2022 Email: chris.patterson@scoutep.com

COA Type	Description

Attachment List

Att Doc Num	Name
403121916	AERIAL IMAGE

403121923	PHOTO DOCUMENTATION
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Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)