

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:

400733766

Date Received:

11/18/2014

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

439861

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>CHEVRON PRODUCTION COMPANY</u>	Operator No: <u>16700</u>	Phone Numbers
Address: <u>100 CHEVRON RD</u>		Phone: <u>(970) 675-3705</u>
City: <u>RANGELY</u>	State: <u>CO</u>	Zip: <u>81648</u>
Contact Person: <u>Tammie Lee Crossen</u>		Mobile: <u>()</u>
		Email: <u>tvzf@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400732302

Initial Report Date: 11/14/2014 Date of Discovery: 11/07/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 31 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.104800 Longitude: -108.880700Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No _____☒ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

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): >0 and <1Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LANDOther(Specify): Atlas Resource Partners, L.P.Weather Condition: 12 degrees and sunnySurface Owner: OTHER (SPECIFY)Other(Specify): Atlas

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, Friday (11-14-2014) at approximately 7:00 AM a leak occurred on a 2" check valve due to the gasket being blown out at Drip Trap 4 (40.1047, -108.8805). Approximately 8 BBLs of produced water and 0.56BBLs Oil were released. The valves were shut in immediately upon detection. Vacuum truck recovered an estimated 6BBLs of fluids. Affected area has been water washed and soil samples will be taken.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/14/2014	COGCC	Kris Neidel	970-871-1963	Sent Email
11/14/2014	Rio Blanco County	Mark Sprague	970-878-9584	Sent Email
11/14/2014	Chevron Land Rep.	Shalyce Holmes	432-687-7348	Sent Email

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: _____

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Tammie Lee Crossen

Title: HE Specialist Date: 11/18/2014 Email: tvzf@chevron.com

COA Type

Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400733766	FORM 19 SUBMITTED
400733767	SITE MAP

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)