

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:

402595712

Date Received:

02/09/2021

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

443904

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
Address: <u>100 CHEVRON ROAD</u>		Phone: <u>(970) 675-3814</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>		Mobile: <u>(307) 871-5363</u>
Contact Person: <u>Chris Patterson</u>		Email: <u>spwu@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400932888

Initial Report Date: 11/08/2015 Date of Discovery: 11/08/2015 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNW SEC 18 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.144846 Longitude: -108.892955

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) 05-103-06124
 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: 215 bbls water spilled 200 recovered.

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____
 Weather Condition: 65 F
 Surface Owner: FEDERAL Other(Specify): BLM Land

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):

Sunday (11-08-2015) at approximately 8:45 AM a leak occurred on the 3 inch Steel lateral injection line 100 feet north of Gray B5. Approximately 215 BBLs of produced water and 0 BBLs oil were released. All lines were shut in immediately upon detection. Vacuum truck recovered an estimated 200 BBLs. The affected area will be water washed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/8/2015	COGCC	Kris Neidel	970-871-1963	E Form 19 initial
11/8/2015	BLM	JR Wilson	970-878-3825	Email
11/8/2015	Rio Blanco County	Mark Spargue	970-878-9584	Email
11/8/2015	Chevron Landman	Chris cooper	432-687-7730	Email
11/8/2015	CDPHE	phone message	877-518-5608	call center 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

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/09/2021

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)

Sunday (11-08-2015) at approximately 8:45 AM a leak occurred on the 3 inch Steel lateral injection line 100 feet north of Gray B5. Approximately 215 BBLs of produced water and 0 BBLs oil were released. All lines were shut in immediately upon detection. Line was replaced with stainless steel.

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

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:

Chevron is requesting closure of Spill ID 400932888 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: 02/09/2021 Email: spwu@chevron.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>
402595747	ANALYTICAL RESULTS

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)