

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:

401731890

Date Received:

08/13/2018

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

456521

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>	<b>Phone Numbers</b>
Address: <u>6301 DEAUVILLE BLVD</u>		Phone: <u>(970) 675-3814</u>
City: <u>MIDLAND</u> State: <u>TX</u> Zip: <u>79706</u>		Mobile: <u>(970) 697-8385</u>
Contact Person: <u>Michael Haub</u>		Email: <u>mhaub@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401728509

Initial Report Date: 08/09/2018 Date of Discovery: 08/07/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 28 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.117600 Longitude: -108.844400

Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

Reference Location:

Facility Type: FLOWLINE  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Fee 87 Injection line  No Existing Facility or Location ID No.

Number: 1  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 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 13.8 BBLs injection water

Land Use:

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

Weather Condition: Dry and sunny and 80F

Surface Owner: FEE 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 9:19 am operators discovered a leak on the injection line just past Fee 87. The line was immediately shut in and vac trucks were called to collect all free floating liquids.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
8/7/2018	COGCC	Kris Neidel	970-871-1963	Left message
8/9/2018	RBC	Lannie Massey	-	e-mail
8/9/2018	Entrada	Tim Dobransky	-	e-mail

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes  No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: \_\_\_\_\_

Was there a reportable accident associated with this E & P waste spill or release? Yes  No

If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 08/13/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>13</u>	<u>13</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: \_\_\_\_\_

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 92 Width of Impact (feet): 16

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Operator on site verified extent of water movement and soak in.

Soil/Geology Description:

silty clay

Depth to Groundwater (feet BGS) 3940 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well 3378 None  Surface Water 1477 None

Wetlands \_\_\_\_\_ None

Springs \_\_\_\_\_ None

Livestock \_\_\_\_\_ None

Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

Surface water is a dry drainage feature, not actual surface water, and the well at 3378 is a plugged well P&A in 1964 (permit #9119858). Width reached 16 feet, but most of spill path was 2-4' wide.

### 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:

data showing complinace with table 910-1 will be submitted with request for closure.

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

Signed: \_\_\_\_\_ Print Name: Michael Haub

Title: HES Specialist Date: 08/13/2018 Email: mhaub@chevron.com

### COA Type

### Description

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### Attachment Check List

#### Att Doc Num

#### Name

401731890	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401731904	SITE MAP
401738114	FORM 19 SUBMITTED

Total Attach: 3 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)