

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:

400836230

Date Received:

05/06/2015

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

441758

SPILL/RELEASE REPORT (INITIAL)

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 MIDCONTINENT LP</u>	Operator No: <u>16695</u>	Phone Numbers
Address: <u>1400 SMITH STREET - ROOM 44195</u>		Phone: <u>(505) 333-1920</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>(505) 301-5576</u>
Contact Person: <u>Don Lindsey</u>		Email: <u>LLIN@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400836230

Initial Report Date: 05/06/2015 Date of Discovery: 05/04/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 2 TWP 34N RNG 9W MERIDIAN N

Latitude: 37.239000 Longitude: -107.830650

Municipality (if within municipal boundaries): _____ County: LA PLATA

Reference Location:

Facility Type: GAS GATHERING SYSTEM 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 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: _____

Land Use:

Current Land Use: OTHER Other(Specify): PASTURE

Weather Condition: 5/4/15 - CLOUDY, THEN LIGHT RAIN PM

Surface Owner: FEE Other(Specify): CRADER

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):

UNDERGROUND PIPELINES, 4'-5' BELOW SURFACE, LEAKED TO SURFACE WITHIN A GRASS PASTURE. LANDOWNER NOTICED AND CALLED CHEVRON PERSONNEL. THE FRUITLAND COALBED METHANE WATER MIGRATED SOUTH WITH A SLIGHT SLOPE. THE PUDDLING VARIED FROM 30' WIDE AT THE SOURCE AND NARROWED TO .5' AT THE END OF THE FLOW. EXTENT WAS DETERMINED BY PACING OFF, AREA SKETCHED AND DIVIDED INTO SEGMENTS. EACH SEGMENT WAS CALCULATED AS TO VOLUME. SOIL SAMPLES WERE TAKEN FROM THE FLOW AREA. A BACKGROUND SAMPLE WAS ALSO TAKEN. BOTH WILL BE ANALYZED PER COLORADO TABLE 910. MEASURES TO BE TAKEN FOR PREVENTION WILL BE DECIDED AFTER THE CAUSE IS IDENTIFIED.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/4/2015	COGCC	JIM HUGHES	970-903-4072	CALLED ALEX FISCHER
5/4/2015	COGCC	ALEX FISCHER	303-894-2100	ALEX CALLED DON LINDSEY
5/5/2015	LAPLATA CO EMERGENCY	BUTCH KNOWLTON	970-382-6250	LEFT MESSAGE

OPERATOR COMMENTS:

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

Signed: _____ Print Name: APRIL E POHL
Title: PERMITTING SPECIALIST Date: 05/06/2015 Email: APRIL.POHL@CHEVRON.COM

COA Type Description

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400836230	FORM 19 SUBMITTED
400836310	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)