

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:

400938947

Date Received:

11/18/2015

Spill report taken by:

Spill/Release Point ID:

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>FOUR STAR OIL & GAS COMPANY</u>	Operator No: <u>30680</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>
Contact Person: <u>DON LINDSEY</u>		Mobile: <u>(505) 301-5576</u>
		Email: <u>LLIN@CHEVRON.COM</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400938947

Initial Report Date: 11/18/2015 Date of Discovery: 11/17/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 8 TWP 34N RNG 8W MERIDIAN N

Latitude: 37.232246 Longitude: -107.762856

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-067-07732

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: 8.25 bbl Fruitland Coalbed methane water

Land Use:

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

Weather Condition: WET, CLEAR SKIES POST RAIN/SNOW

Surface Owner: FEE Other(Specify): LELAND HILL

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):

Contractor discovered leak, contacted lease operator, lease operator confirmed. Leak caused by poly joint fusion failure. Pool on surface was hydrovaced, to expose poly joint. Leak calculated to be 8.25 barrels Fruitland Coalbed methane water. Majority of water remained on location and absorbed into soil. Recovered 2 barrels of water by hydrovac. Water and soil samples (including background soil) were taken by Envirotech Inc. Colorado Table 910 analyticals are being performed on "rush" turnaround.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/18/2015	COGCC	Jim Hughes	970-884-0491	Talked live on phone, acknowledged verbal report
11/18/2015	Surface owner	Leland Hill	-	Contact currently in progress

OPERATOR COMMENTS:

For subsequent information on e-form, please copy April E Pohl @ April.Pohl@chevron.com

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: 11/18/2015 Email: April.Pohl@chevron.com

COA Type

Description

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

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>
400939029	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)