

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:

400945359

Date Received:

12/07/2015

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

444001

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>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>	Mobile: <u>(505) 301-5576</u>
Zip: <u>77002</u>		Email: <u>LLIN@CHEVRON.CO</u>
Contact Person: <u>DON LINDSEY</u>		<u>M</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 NLatitude: 37.232505 Longitude: -107.776312Municipality (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): 0Estimated 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): 0Specify: 8.25 bbl Fruitland Coalbed methane water

Land Use:

Current Land Use: NON-CROP LANDOther(Specify): GRAZINGWeather Condition: WET, CLEAR SKIES POST RAIN/SNOWSurface Owner: FEEOther(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

Date	Agency/Party	Contact	Phone	Response
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

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	12/01/2015
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Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Cause of the spill was a failure in a poly-to-poly butt-fuse in the pipeline. This line was pressure tested in August of 2015 with successful results.

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

The failed area was replaced, rewelded and clamped.

Volume of Soil Excavated (cubic yards): 6

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

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: 12/07/2015 Email: April.Pohl@chevron.com

COA Type**Description**

	Based on review of information presented, it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site. Final surface reclamation must meet the COGCC 1000 series rules for vegetative cover.
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Attachment Check List**Att Doc Num****Name**

400945359	FORM 19 SUBMITTED
400945362	ANALYTICAL RESULTS
400945377	OTHER
400945789	OTHER
400948502	ANALYTICAL RESULTS

Total Attach: 5 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)