

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:

401085402

Date Received:

07/28/2016

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>CHEVRON USA INC</u> | Operator No: <u>16700</u> | Phone Numbers |
| Address: <u>100 CHEVRON RD</u> | | Phone: <u>(575) 263-0402</u> |
| City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u> | | Mobile: <u>(281) 468-3782</u> |
| Contact Person: <u>Cullen Jones</u> | | Email: <u>cullen.jones@chevron.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401085402

Initial Report Date: 07/28/2016 Date of Discovery: 07/27/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 26 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.119201 Longitude: -108.817248

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

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) 05-103-06194

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? No

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): >=1 and <5

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

Specify: 4 bbls of injection water (produced water)

Land Use:

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

Weather Condition: Sunny and 90 deg F

Surface Owner: FEDERAL Other(Specify): BLM

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):

A leak occurred on a 3 inch steel injection line (coated spool) to Levison 13 (API 05-103-06194) on Wednesday, July 27, at 11:00 AM. Approximately 4 bbls of injection water (produced water) and 0 bbls of oil were released. No fluid was recovered. The spill entered a dry erosion channel. The line was shut in immediately upon detection. The affected area will be water washed. The line will be replaced with stainless steel piping.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|---------------|--------------|--|
| 7/27/2016 | CDPHE | Ann Nedrow | 303-692-2709 | A call to the CO Environmental Release and Incident Reporting Hotline was made on Wed, July 27. Ann Nedrow returned call on Thurs, July 28, to collect information on the release. |
| 7/27/2016 | COGCC | Kris Neidel | 970-871-1963 | A voicemail was left with Kris Neidel on Wed, July 27. |
| 7/27/2016 | RBC | Lannie Massey | - | An email was sent to Lannie Massey. |
| 7/27/2016 | Chevron Land | Chris Cooper | - | An email was sent to Chris Cooper. |

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: Cullen Jones
Title: HES Specialist Date: 07/28/2016 Email: cullen.jones@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

| | |
|-----------|----------|
| 401085461 | SITE MAP |
|-----------|----------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)