

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:

401091323

Date Received:

08/10/2016

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>	<b>Phone Numbers</b>
Address: <u>100 CHEVRON RD</u>		Phone: <u>(970) 675-3814</u>
City: <u>RANGELY</u>	State: <u>CO</u> Zip: <u>81648</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# 401091323

Initial Report Date: 08/10/2016 Date of Discovery: 08/08/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 34 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.105189 Longitude: -108.829964

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

Reference Location:

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_  
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05-103-09149

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No  
*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): <u>&gt;0 and &lt;1</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: Oil mixed with an estimated 201 bbls of rainwater

Land Use:

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

Monday (08-08-16) at approximately 10:00 AM a release was discovered at Carney 41Y34 (API 05-103-09149) (T&A well). The spill was all contained on the well location by the location berm. Approximately 201 BBLs of rainwater filled the well locations cellar and mixed with and released approximately 0.57 BBLs Oil. The location was examined for leaks and no leaks were found. The 160 bbls of water and 0.57 bbls of oil were recovered. The oil remaining in place after the liquids were removed was recovered and taken to the landfarm. The cellar is being cleaned and the hose entry port that allowed rainwater to enter the cellar as the low point on location is being filled to prevent reoccurrence. BLM and COGCC were verbally notified on Monday night and appropriate forms are being filed within their timelines.

**List Agencies and Other Parties Notified:**

**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: Michael Haub

Title: HES Specialist Date: 08/10/2016 Email: mhaub@chevron.com

**COA Type**                      **Description**

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**Attachment Check List**

**Att Doc Num**              **Name**

401091333	SITE MAP
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Total Attach: 1 Files

**General Comments**

**User Group**              **Comment**    **Comment Date**

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Total: 0 comment(s)