

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:

401094175

Date Received:

08/16/2016

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>(970) 675-3814</u> |
| City: <u>RANGELY</u> | State: <u>CO</u> | Mobile: <u>(970) 697-8385</u> |
| Zip: <u>81648</u> | | Email: <u>mhaub@chevron.com</u> |
| Contact Person: <u>Michael Haub</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401094175

Initial Report Date: 08/16/2016 Date of Discovery: 08/13/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 17 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.140692 Longitude: -108.864500

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) 05-103-06119

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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 1918 BBLs of mixed rainwater and produced water

Land Use:

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

Weather Condition: Spill after rain

Surface Owner: FEE Other(Specify): _____

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):

Saturday a lead occurred on the injection line to Fee 49. An unknown amount of produced water was mixed with an unknown amount of rainwater totaling 1918 BBLS of which 1910 BBLS were recovered. A sample was taken of the mixture to determine the amount of clean rainwater and produced water, but analysis is not in yet. The line was immediately shut in upon detection. The line will be replaced with stainless across location

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|---|
| 8/13/2016 | COGCC | Kris Niedel | - | e-mail... did not reach by phone (Saturday) |

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: 08/16/2016 Email: mhaub@chevron.com

COA Type **Description**

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Attachment Check List

Att Doc Num **Name**

| | |
|-----------|----------|
| 401094185 | SITE MAP |
|-----------|----------|

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)