

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:

401096697

Date Received:

08/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

447405

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 Phone: <u>(970) 675-3814</u> Mobile: <u>(970) 697-8385</u> Email: <u>mhaub@chevron.com</u> |
| Address: <u>100 CHEVRON RD</u> | | |
| City: <u>RANGELY</u> | State: <u>CO</u> Zip: <u>81648</u> | |
| Contact Person: <u>Michael Haub</u> | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401096697

Initial Report Date: 08/22/2016 Date of Discovery: 08/07/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 34 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.104941 Longitude: -108.836612Municipality (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) 05-103-01069

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): >=1 and <5Estimated 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: 1.59BBLs of Oil and 16.32 BBLs of Water

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Sunny and warmSurface 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):

Monday a leak on UP 25-34 was discovered. The line was shut in immediately upon discovery, and free fluids were vacuumed up and taken to the water plant for disposal, and all remaining contaminated soil was taken to the landfarm. 16 BBLS of water and 1.59 BBLS of oil were recovered.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|----------------------|
| 8/16/2016 | COGCC | Alex Fischer | 303-894-2100 | Contacted at 6:33 am |

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: Michael Haub
Title: HES specialist Date: 08/22/2016 Email: mhaub@chevron.com

COA Type Description

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Attachment Check List

Att Doc Num Name

| | |
|-----------|-------------------|
| 401096697 | FORM 19 SUBMITTED |
| 401096715 | SITE MAP |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Environmental | Request for closure should include demonstration of compliance with COGCC table 910-1. | 8/22/2016 5:00:58 PM |
| Environmental | Operator should provide demonstration with flowline rule, 1101.e.upon request for closure. | 8/22/2016 4:59:30 PM |
| Environmental | The Lat/Long should be for the spill release point, not wellhead. Please include this Lat/Long in supplemental report. | 8/22/2016 3:36:28 PM |
| Environmental | Report should state the type of line (production, injection, etc). | 8/22/2016 3:35:34 PM |

Total: 4 comment(s)