

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401095497

Date Received:

08/25/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

447266

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>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# 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 6Latitude: 40.105189 Longitude: -108.829964Municipality (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): >0 and <1Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Oil mixed with an estimated 201 bbls of rainwater

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: RainingSurface Owner: FEDERALOther(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:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	08/24/2016	
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	201	160	<input type="checkbox"/>

specify: rain water that ran on location mixing with released oil

Was spill/release completely contained within berms or secondary containment? YES Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 115 Width of Impact (feet): 55

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 2

How was extent determined?

Extent was determined by floating liquids that contained floating oil or a sheen, and then included any rainwater touching or contiguous with that water. Soil penetration was taken to verify soak in depth of rainwater to be claimed.

Soil/Geology Description:

Previously disturbed well pad location

Depth to Groundwater (feet BGS) 5000 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u> </u>	None <input checked="" type="checkbox"/>	Surface Water	<u> </u>	None <input checked="" type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u> </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u> </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Rain storm overflowed the wells cellar causing a release to occur.

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:

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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: 08/25/2016 Email: mhaub@chevron.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)