

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:

401116337

Date Received:

09/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

447028

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>(432) 6877587</u> Mobile: <u>(432) 3122260</u> Email: <u>kdkl@chevron.com</u>
Address: <u>6301 DEAUVILLE BLVD</u>		
City: <u>MIDLAND</u>	State: <u>TX</u> Zip: <u>79706</u>	
Contact Person: <u>Kim Klahsen</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 6Latitude: 40.119201 Longitude: -108.817248Municipality (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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 4 bbls of injection water (produced water)

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Sunny and 90 deg FSurface 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):

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.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 09/22/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	4	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: NA			
Was spill/release completely contained within berms or secondary containment? NO 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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 1833		Width of Impact (feet): 3	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS):	
How was extent determined?			
Measurements on the ground, google earth maps, excel spreadsheet.			
Soil/Geology Description:			
silt, clay, loam (soils) derived from sedimentary rocks such as sandstone and shale.			
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	None <input checked="" type="checkbox"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Surface Water	126 None <input type="checkbox"/>
		Springs	None <input checked="" type="checkbox"/>

Livestock _____ None ☒Occupied Building _____ None ☒

Additional Spill Details Not Provided Above:

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:

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Kim Klahsen

Title: HES Compliance Support Date: 09/22/2016 Email: kdkl@chevron.com

COA Type**Description**

	Please review all COA's from original spill report when preparing response and demonstration of soils meeting table 910-1.
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Attachment Check List**Att Doc Num****Name**

401116337	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)