

**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:

401117166

Date Received:

09/22/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

447857

## 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>6301 DEAUVILLE BLVD</u>		Phone: <u>(432) 6877587</u>
City: <u>MIDLAND</u>	State: <u>TX</u>	Mobile: <u>(432) 3122260</u>
Zip: <u>79706</u>		Email: <u>kdkl@chevron.com</u>
Contact Person: <u>Kim Klahsen</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401117166

Initial Report Date: 09/22/2016      Date of Discovery: 09/22/2016      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 31 TWP 2N RNG 102W MERIDIAN 6Latitude: 40.100500 Longitude: -108.880500Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

#### Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No. \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-103-09100

#### **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? 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): 0

Specify: \_\_\_\_\_

#### **Land Use:**

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear and 70 degreesSurface Owner: OTHER (SPECIFY)Other(Specify): Private Land

#### **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):

On 9/22/2016 at approximately 7:30 Am, 30.3 bbls of produced water and 1.8 bbls of oil were released to land near Rangely well UP 128X-31. 28 bbls of produced water and 1.8 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>
9/22/2016	COGCC	Neidel, Kris	970-8711963	

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

	No notice is listed for Local Government, per rule 906.b.(2). Operator should insure this is a part of the spill response procedure.
	Request for closure should include a root cause analysis.
	Operator should provide demonstration with flowline rule, 1101.e.upon request for closure.
	Request for closure should include demonstration of compliance with COGCC table 910 -1.
	site map should include the flow path of the spill.

### Attachment Check List

### Att Doc Num

### Name

401117166	FORM 19 SUBMITTED
401117197	SITE MAP

Total Attach: 2 Files

### General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)