

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:

401388784

Date Received:

08/28/2017

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

438054

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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) 687-7108</u>
City: <u>MIDLAND</u> State: <u>TX</u> Zip: <u>79706</u>		Mobile: <u>(432) 940-8524</u>
Contact Person: <u>Amy Barnhill</u>		Email: <u>ABarnhill@chevron.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400639676

Initial Report Date: 07/06/2014 Date of Discovery: 07/03/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR sesw SEC 27 TWP 2n RNG 102w MERIDIAN 6

Latitude: 40.108566 Longitude: -108.831646

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) 05-103-06210

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 <1 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

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

Land Use:

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

Weather Condition: 85 F

Surface Owner: OTHER (SPECIFY) Other(Specify): Union Pacific

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):

well was shut off immediatel pin hole leak repaired.All fluids were contained with the Well Berm and cleaned up.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
7/3/2014	COGCC	Kris Kneidel	-	Email 4:06 pm
7/3/2014	Rio blanco county	Mark Spargue	-	Email 4:15 PM

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 08/28/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	15	15	<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: \_\_\_\_\_

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): 40 Width of Impact (feet): 25

Depth of Impact (feet BGS): \_\_\_\_\_ Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Visual Inspection, Measurement and Google Maps

Soil/Geology Description:

High Clay

Depth to Groundwater (feet BGS) 6400 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>1311</u>	None <input type="checkbox"/>	Surface Water	<u>724</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

.3 bbls oil recovered but system will not let me save with that volume entered

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	08/28/2017
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
approximately 15.4 bbls of brine water and .3 bbls of oil were released. Approximately 15 bbls brine water and .3 bbls of oil were recovered.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Well was shut in and pin hole repaired. All fluids were picked up by a vac truck.		
Volume of Soil Excavated (cubic yards): _____ 0		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): _____ 0		
Volume of Impacted Surface Water Removed (bbls): _____ 0		

### 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 am unable to find a supplemental report that corresponds to the initial report. I have filled in the detailed report to the best of my ability.

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

Signed: \_\_\_\_\_ Print Name: Amy Barnhill

Title: Environmental Specialist Date: 08/28/2017 Email: ABarnhill@chevron.com

<u>COA Type</u>	<u>Description</u>

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401388807	OTHER

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)