

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:

400619580

Date Received:

06/03/2014

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

437363

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: NOBLE ENERGY INC	Operator No: 100322	<b>Phone Numbers</b>
Address: 1625 BROADWAY STE 2200		Phone: (720) 5872026
City: DENVER State: CO Zip: 80202		Mobile: ( )
Contact Person: Jacob Evans		Email: jevans@nobleenergyinc.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400610600

Initial Report Date: 05/19/2014 Date of Discovery: 05/16/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 15 TWP 1S RNG 68W MERIDIAN 6

Latitude: 39.963000 Longitude: -104.981439

Municipality (if within municipal boundaries): Thornton County: ADAMS

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No   
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05-001-

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes  
A spill/release is considered to be outside of secondary containment if groundwater has been impacted.

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0  
Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown  
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: Sunny warm  
Surface 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):

During a water vault replacement, a pin hole leak was discovered at the base of the vault. A third party environmental consultant was notified and responded to the unintentional release.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
5/15/2014	COGCC	Bob Chesson	-	Emailed 24 hr notification
5/15/2014	Thornton Emergency Dept		-	Left message detailing spill
5/15/2014	Noble Land	Landowner	-	

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 06/03/2014

<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER			<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: \_\_\_\_\_

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

**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): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

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

How was extent determined?

The extent of impacts will be determined after impacted soil and lab confirmation soil samples are collected.

Soil/Geology Description:

Ulm Loam 3-5 percent slopes

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well	<u>768</u>	None <input type="checkbox"/>	Surface Water	<u>142</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	<u>768</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

No additional spill details at this time

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	06/03/2014
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)		
During water vault removal a leak was discovered. The water vault was removed and all production equipment was shut in. Remediation will be scheduled		
Describe measures taken to prevent the problem(s) from reoccurring:		
Water vaults will go through integrity testing to determine if a leak has occurred. If a leak is suspected the water vault will be removed and inspected.		
Volume of Soil Excavated (cubic yards): _____		
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): _____		
Volume of Impacted Surface Water Removed (bbls): _____		

### 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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Jacob Evans

Title: Env. Spec Date: 06/03/2014 Email: jevans@nobleenergyinc.com

### COA Type

### Description

	As per Rule 905, a Form 27 should be submitted for COGCC review and approval prior to starting work.
--	--

### Attachment Check List

#### Att Doc Num

#### Name

400619580	FORM 19 SUBMITTED
-----------	-------------------

Total Attach: 1 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

--	--	--

Total: 0 comment(s)