

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400673685

Date Received:

08/27/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

438670

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400671627

Initial Report Date: 08/23/2014 Date of Discovery: 08/22/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 35 TWP 6N RNG 66W MERIDIAN 6Latitude: 40.450191 Longitude: -104.746922Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 319271☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

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): >=1 and <5Estimated 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): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: sunny 80Surface 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 operational maintenance it was discovered that the water vault and produced water flow line was leaking. A third party environmental consultant was notified by Noble Energy to conduct site assessment activities. Mobile Premix 2-35 location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/25/2014	COGCC	Rick Allison	-	Emailed 24 hour spill notification
8/22/2014	Noble Land	Landowner	-	
8/23/2014	Weld County	Gracie Marquez	-	Emailed 24 hour spill notification

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/27/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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 type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>10</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>8</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
Extent of impacts will be determined through excavation of impacted soil and lab confirmation soil sampling.			
Soil/Geology Description:			
silty, clayey sand			
Depth to Groundwater (feet BGS) <u>17</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1338</u> None <input type="checkbox"/>	Surface Water <u>166</u> None <input 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>1534</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

No additional spill details at this time

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 08/27/2014

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Water vault and separator flow line was determined to have a leak. All production equipment was shut in to assess the location and plug and abandon the facility and oil and gas well.

Describe measures taken to prevent the problem(s) from reoccurring:

The location will be plugged and abandoned. Production equipment will be removed or abandoned and the ground surface will be reclaimed per COGCC rules.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ 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: 08/27/2014 Email: jevans@nobleenergyinc.com

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)