

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:

400710505

Date Received:

10/17/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

439299

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# 400706523

Initial Report Date: 10/13/2014 Date of Discovery: 10/10/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 26 TWP 6N RNG 65W MERIDIAN 6

Latitude: 40.457060 Longitude: -104.635310

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 317634  
 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

Specify:

Land Use:

Current Land Use: CROP LAND Other(Specify):

Weather Condition: 70 sunny

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 operations it was determined that the flow line leading from the water vault to the produced water tank leaked. The water vault will also be investigated to see if a leak occurred. All production equipment was shut in and excavation will be scheduled to remove impacted soil.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/10/2014	Noble Land	Landowner	-	
10/10/2014	COGCC	Rick Allison	-	Emailed 24 hr spill notice
10/10/2014	Weld CO	Gracie Marquez	-	Emailed 24 hr spill notice

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 10/17/2014

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input 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? 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)  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 water vault and flow line leading from the vault to the separator has been removed and excavation is scheduled.

Soil/Geology Description:

Well graded sand

Depth to Groundwater (feet BGS) 7 Number Water Wells within 1/2 mile radius: 9

If less than 1 mile, distance in feet to nearest	Water Well <u>1190</u> None <input type="checkbox"/>	Surface Water <u>3310</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>995</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

no additional spill details at this time

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/17/2014

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)

The line running from the produced water vault and the separator developed a leak, the water vault will also be replaced

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

The line running from the separator to the water vault will be replaced along with the water vault

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: 10/17/2014 Email: jevans@nobleenergyinc.com

### Attachment Check List

**Att Doc Num**      **Name**

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

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)