

# 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:

400722808

Date Received:

11/03/2014

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

439479

## 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>	<b>Phone Numbers</b>
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@nobleenergyin.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400717483

Initial Report Date: 10/27/2014 Date of Discovery: 10/24/2014 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 1 TWP 4N RNG 65W MERIDIAN 6Latitude: 40.342862 Longitude: -104.620073Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 319217☐ 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 70Surface 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 construction activities it was determined the flow line had developed a leak. The portion where the leak was found was uncovered and impacted soil was discovered. The production equipment was shut in and remediation will proceed.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/24/2014	Noble Land	Landowner	-	
10/24/2014	COGCC	Bob Chesson	-	emailed 24 hr spill notice
10/24/2014	Weld County	Gracie Marquez	-	emailed 24 hr spill notice

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 11/03/2014		
<b>FLUIDS</b>	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? 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 extent of impacts will be determined through excavation of impacted soil and lab confirmation soil sampling. A third party environmental consultant will be on location to oversee excavation activities.

Soil/Geology Description:

Clay/Loam

Depth to Groundwater (feet BGS) 18 Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest

Water Well	<u>1281</u>	None <input type="checkbox"/>	Surface Water	<u>1700</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>150</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

No additional spill details

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/03/2014

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 flowlines running from the separators to the tank battery and produced water vault developed a leak.

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

The flowlines will be replaced subsequent to remediation.

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: 11/03/2014 Email: jevans@nobleenergyinc.com

## Attachment Check List

Att Doc Num	Name
-------------	------

--	--

Total Attach: 0 Files

## General Comments

User Group	Comment	Comment Date
------------	---------	--------------

--	--	--

Total: 0 comment(s)