

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400830520

Date Received:

04/24/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441638

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 Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202 Contact Person: Jacob Evans Phone Numbers: Phone: (970) 3045329 Mobile: ( ) Email: jacob.evans@nblenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400827243

Initial Report Date: 04/17/2015 Date of Discovery: 04/17/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 34 TWP 4N RNG 67W MERIDIAN 6

Latitude: 40.262310 Longitude: -104.880360

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 329996 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): >=1 and <5 Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0 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: Snow 40 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 the flowline leading from the separator to the oil tank developed a leak. The facility was shut in and remediation will be scheduled.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/17/2015	Noble Land	Luke Musgrave	-	notify landowner
4/17/2015	COGCC	Bob Chesson	-	submitted E form 19 within 24 hrs
4/17/2015	Weld County	Gracie Marquez	-	Emailed 24 hr spill notice

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 04/24/2015

<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>          </u>	<u>          </u>	<input checked="" type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input 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

*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 a remediation evaluation followed by implementation. Lab confirmation samples will be collected.

Soil/Geology Description:

Clay

Depth to Groundwater (feet BGS) 8                      Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest

Water Well	<u>1110</u>	None	<input type="checkbox"/>	Surface Water	<u>525</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>665</u>	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

No additional spill details provided

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/24/2015

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 separator to the oil tank developed a leak

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

The line will be replaced

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: Environmental Specialist Date: 04/24/2015 Email: jacob.evans@nblenergy.com

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

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400830520	FORM 19 SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)