

State of Colorado Oil and Gas Conservation Commission

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Document Number:

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Date Received:

12/14/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

444261

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# 400950963

Initial Report Date: 12/09/2015 Date of Discovery: 12/09/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 22 TWP 4N RNG 64W MERIDIAN 6

Latitude: 40.303420 Longitude: -104.533883

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 329799 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: Cloudy 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 [X] 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):

A site assessment was performed to determine if a release had occurred at the Coleman 22-714 flowline. Soil and groundwater impacts over COGCC Table 910-1 were discovered. The flowline has been shut in and will be investigated.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/9/2015	COGCC	Bob Chesson	-	Emailed 24 hr notice
12/9/2015	Weld County	Gracie Marquez	-	Emailed 24 hr notice
12/9/2015	Noble Land	Luke Musgrave	-	Notified Landowner of release

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 12/14/2015

FLUIDS	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 delineated through excavation of soil and groundwater monitoring well installation. Soil and groundwater samples will be collected and submitted to a certified lab for analysis.

Soil/Geology Description:

silty clay

Depth to Groundwater (feet BGS) 5 Number Water Wells within 1/2 mile radius: 12

If less than 1 mile, distance in feet to nearest

Water Well	<u>1188</u>	None <input type="checkbox"/>	Surface Water	<u>1500</u>	None <input type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u>2000</u>	None <input type="checkbox"/>	Occupied Building	<u>1100</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

no additional spill details

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/14/2015

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 flowline from the Coleman 22-714 location developed a leak.

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

The location is under analysis to either be repaired or plugged and abandoned

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: _____

OPERATOR COMMENTS:

No additional comments

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: 12/14/2015 Email: jacob.evans@nblenergy.com

COA Type **Description**

COA Type	Description

Attachment Check List

Att Doc Num **Name**

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

User Group	Comment	Comment Date

Total: 0 comment(s)