

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401014611

Date Received:

03/24/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445185

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>(970) 3045329</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jacob Evans</u>		Mobile: <u>()</u>
		Email: <u>jacob.evans@nblenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401007416

Initial Report Date: 03/15/2016 Date of Discovery: 03/14/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 20 TWP 6N RNG 66W MERIDIAN 6

Latitude: 40.479416 Longitude: -104.808300

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: FLOWLINE
☐ Facility/Location ID No _____

☐ No Existing Facility or Location ID No.

☒ Well API No. (Only if the reference facility is well) 05-123-24849

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): >=1 and <5

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: 45 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):

The Bates 20-22 flowline developed a leak and surfaced. The location is shut in until repairs can be made. A site assessment to evaluate groundwater and soil impacts will be scheduled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/14/2016	COGCC	Rick Allison	-	Emailed notice of release
3/14/2016	Weld County	Gracie Marquez	-	Emailed notice of release
3/15/2016	Noble Land	Landowner	-	Notified landowner of release

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/24/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" 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? <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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> 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 a site assessment. Groundwater and soil will be sampled and point of compliance will be achieved.			
Soil/Geology Description:			
silty sand			
Depth to Groundwater (feet BGS) <u>6</u>		Number Water Wells within 1/2 mile radius: <u>9</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>340</u>	None <input type="checkbox"/>	Surface Water <u>40</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>230</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

no additional spill details

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:

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: 03/24/2016 Email: jacob.evans@nblenergy.com

COA Type

Description

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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)