

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401619901

Date Received:

04/25/2018

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

447519

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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>1001 NOBLE ENERGY WAY</u>		Phone: <u>(970) 3045329</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77070</u>
Contact Person: <u>Jacob Evans</u>		Mobile: <u>()</u>
		Email: <u>jacob.evans@nblenerg y.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401101845

Initial Report Date: 08/31/2016 Date of Discovery: 08/30/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 35 TWP 4N RNG 64W MERIDIAN 6

Latitude: 40.275199 Longitude: -104.512666

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

Spill/Release Point Name: _____ No Existing Facility or Location ID No.

Number: _____ 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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

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: NON-CROP LAND Other(Specify): _____

Weather Condition: 80 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 production the oil tank overflowed. The locaiton is shut in and remediaiton of impacted soil will be scheduled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/30/2016	COGCC	Bob Chesson	-	Emailed notice
8/30/2016	Weld County	Roy Rudisill	-	Emailed notice
8/30/2016	Noble Land	Landowner	-	Notified landowner about unintentional release

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/25/2018

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)

During production the oil tank overfilled due to human failure.

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

The tanks will be gauged on a routine basis.

Volume of Soil Excavated (cubic yards): 280

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:

Booth C35-O7

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 Coordinator Date: 04/25/2018 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

		Stamp Upon Approval
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Total: 0 comment(s)