

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401877530

Date Received:

12/17/2018

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

459804

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@nblenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401871025

Initial Report Date: 12/12/2018 Date of Discovery: 12/11/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 20 TWP 3N RNG 64W MERIDIAN 6

Latitude: 40.210677 Longitude: -104.584405

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

Reference Location:

Facility Type: TANK BATTERY
☐ Facility/Location ID No _____
Spill/Release Point Name: Duncan D20-
☒ 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=1 and <5

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

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: NON-CROP LAND

Other(Specify): _____

Weather Condition: 50 SunnySurface 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):

Subsequent to tank battery dismantlement, impacted media was discovered near the produced water vessel. A limited excavation was conducted and 50 cubic yards was removed under signed waste manifest and transported to Buffalo Ridge Landfill. Tasman Geosciences was on location to collect soil samples for site investigation purposes. Four grab sidewall samples were collected above the phreatic zone and analyzed for TPH-DRO, TPH-GRO, BTEX, and Naphthalene. One grab groundwater sample was collected from the base of the excavation and analyzed for BTEX. All samples were transported to Summit Scientific under proper chain of custody procedures. Further excavation will be scheduled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/11/2018	COGCC	Bob Chesson	-	
12/11/2018	Weld County	Jason Maxey	-	
12/11/2018	Weld County	Roy Rudisill	-	
12/11/2018	Noble Land	Landowner	-	

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/17/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" 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? <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 determined through excavation of impacted soil above COGCC Table 910-1 standards in the source area. Confirmation soil samples will be collected by a third party environmental consultant above the Phreatic zone to determine the lateral and vertical extent of impacts. These samples will be submitted to a certified laboratory under proper chain of custody procedures for analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene. A post excavation groundwater assessment will be scheduled to delineate groundwater impacts above COGCC Table 910-1 standards for BTEX and gain point of compliance.			
Soil/Geology Description:			
Well graded sand			

Number Water Wells within 1/2 mile radius: 12

Surface Water	600	None	<input type="checkbox"/>
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None ☒

Occupied Building 2500 None ☐

No additional details.

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.

☐ 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 Coordinator Date: 12/17/2018 Email: jacob.evans@nblenergy.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)