

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401915773

Date Received:

01/24/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

461011

SPILL/RELEASE REPORT (INITIAL)

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# 401915773

Initial Report Date: 01/24/2019 Date of Discovery: 01/23/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 1 TWP 4N RNG 67W MERIDIAN 6Latitude: 40.346454 Longitude: -104.833290Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☐ Facility/Location ID No _____Spill/Release Point Name: Bernhardt 1-11,12☒ 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 <5Estimated Condensate Spill Volume(bbl): >=1 and <5Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Sunny 30'sSurface 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 reclamation activities historical impacts were discovered at the Bernhardt 1-11,12 previous tank battery location. One hundred cubic yards of impacted soil was removed and transported to Buffalo Ridge landfill under signed waste manifest. Tasman Geosciences collected grab confirmation soil samples and delivered them to Summit Scientific under standard chain of custody procedures for analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|-----------------|--------------|-----------------|
| 1/23/2019 | COGCC | Peter Gintautas | - | |
| 1/23/2019 | Weld County | Jason Maxey | - | |
| 1/23/2019 | Weld County | Roy Rudisill | - | |
| 1/24/2019 | 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: _____

OPERATOR COMMENTS:

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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: 01/24/2019 Email: jacob.evans@nblenergy.com

COA Type

Description

| | |
|--|--|
| | Provide documentation justifying closure request within 90 days of release via supplemental form 19. If investigation and remediation require further actions beyond 90 days then submit form 27 for approval within 90 days of spill (23April2019). |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------------------|
| 401915773 | SPILL/RELEASE REPORT(INITIAL) |
| 401915797 | SITE MAP |
| 401915801 | ANALYTICAL RESULTS |
| 401915802 | SITE MAP |
| 401915935 | FORM 19 SUBMITTED |

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

| | | |
|---------------|---|------------|
| Environmental | coordinates provided indicate spill at north edge of location 329449 and location 460998 (created from flowline mapping data submitted as Form 44). changed to not at a COGCC location to preserve correct coordinates of spill | 01/24/2019 |
|---------------|---|------------|

Total: 1 comment(s)