

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:

402032641

Date Received:

05/06/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

464229

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: NOBLE ENERGY INC	Operator No: 100322	Phone Numbers
Address: 1001 NOBLE ENERGY WAY		Phone: (970) 3045014
City: HOUSTON State: TX Zip: 77070		Mobile: (970) 2034238
Contact Person: Howard Aamold		Email: howard.aamold@nblenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402024234

Initial Report Date: 04/29/2019 Date of Discovery: 04/26/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 33 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.269523 Longitude: -104.791329

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

Spill/Release Point Name: UPRC

☒ No Existing Facility or Location ID No.

Number: 33-4F,5F

☐ 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: Sunny and 61 degrees

Surface Owner: FEDERAL

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 decommissioning operations near the separator crew was removing flow line risers and discovered impacted media. Confirmation sidewall excavation samples were collected above the phreatic zone and submitted under proper chain of custody procedures to Summit Scientific for analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene by EPA Methods 8015 and 8260c. A base groundwater sample was also collected and analyzed for BTEX. See Attached

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/26/2019	COGCC	Peter Gintautas	-	
4/26/2019	Weld County	Roy Rudisill	-	
4/26/2019	Weld County	Jason Maxey	-	
4/26/2019	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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/06/2019		
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 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 ground water impacts will be determined by groundwater assessment.			
Soil/Geology Description:			
Sand			

Depth to Groundwater (feet BGS)	<u>2</u>	Number Water Wells within 1/2 mile radius:				<u>15</u>		
If less than 1 mile, distance in feet to nearest	Water Well	<u>170</u>	None	<input type="checkbox"/>	Surface Water	<u>650</u>	None	<input type="checkbox"/>
	Wetlands	<u>330</u>	None	<input type="checkbox"/>	Springs	<u> </u>	None	<input checked="" type="checkbox"/>
	Livestock	<u> </u>	None	<input checked="" type="checkbox"/>	Occupied Building	<u>370</u>	None	<input type="checkbox"/>
	Additional Spill Details Not Provided Above:							
No additional 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: Howard Aamold

Title: Environmental Coordinator Date: 05/06/2019 Email: howard.aamold@nblenergy.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402032641	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402032700	AERIAL PHOTOGRAPH
402033188	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)