

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:

402229613

Date Received:

11/03/2019

Spill report taken by:

Graber, Candice  
(Nikki)

Spill/Release Point ID:

468982

## 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>	<b>Phone Numbers</b>  Phone: <u>(970) 3045014</u> Mobile: <u>(970) 2034238</u> Email: <u>howard.aamold@nblenergy.com</u>
Address: <u>1001 NOBLE ENERGY WAY</u>		
City: <u>HOUSTON</u>	State: <u>TX</u> Zip: <u>77070</u>	
Contact Person: <u>Howard Aamold</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402229613

Initial Report Date: 11/03/2019 Date of Discovery: 10/31/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 26 TWP 3N RNG 65W MERIDIAN 6

Latitude: 40.194901 Longitude: -104.632106

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 454678

Spill/Release Point Name: Hurley H ☐ No Existing Facility or Location ID No.

Number: 26-11-E ☐ 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: Sunny 35 degrees

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):

Lease operator discovered that a six-inch balon valve coming off the heater treater froze and split, releasing 3 barrels of oil outside of containment. Heat treater was shut in and work order submitted for repair. Clean up is in process.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/1/2019	COGCC	Nikki Graber	-	
11/1/2019	Weld County	Jason Maxey	-	
11/1/2019	Weld county	Roy Rudisill	-	
11/1/2019	Noble Land	Land Owner	-	

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: Howard Aamold

Title: Environmental Coordinator Date: 11/03/2019 Email: howard.aamold@nbenergy.com

**COA Type**

**Description**

	Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator. The Supplemental Spill Report for this release is due by November 10, 2019.
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**Attachment Check List**

**Att Doc Num**

**Name**

402229613	SPILL/RELEASE REPORT(INITIAL)
402230207	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Environmental	COGCC systems were experiencing technical difficulties on 11/1/2019. Operator contacted COGCC EPS to discuss submittal problems and an extension to the 72hr deadline was granted. See document #02161003 for correspondence.	11/04/2019
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Environmental	Changed facility ID from 454678 to 454679 where the lat/long maps.	11/04/2019
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Total: 2 comment(s)