

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:

402409590

Date Received:

06/01/2020

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

476671

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 MIDSTREAM SERVICES LLC</u>	Operator No: <u>10686</u>	Phone Numbers
Address: <u>1625 BROADWAY #2200</u>		Phone: <u>(970) 3045014</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(970) 2034238</u>
Contact Person: <u>Howard Aamold</u>		Email: <u>howard.aamold@nblenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402409455

Initial Report Date: 05/31/2020 Date of Discovery: 05/22/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNW SEC 22 TWP 6N RNG 63W MERIDIAN 6

Latitude: 40.476564 Longitude: -104.431504

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

Reference Location:

Facility Type: PRODUCED WATER TRANSFER SYSTEM Facility/Location ID No _____

Spill/Release Point Name: Wells Ranch CGF Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Centralized Gathering Facility

Weather Condition: Sunny 75 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):

During normal production operations at the Noble Midstream Wells Ranch CGF they experienced unintentional release of 10 barrels of produced water outside containment due to produced water recycle line that had ruptured . Leak was isolated and release cleanup under way.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/30/2020	COGCC	Robert Chesson	-	
5/30/2020	Weld County	Jason Maxey	-	
5/30/2020	Weld County	Roy Rudisill	-	

Was there a Grade 1 Gas Leak? Yes No

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

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

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

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes No

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	06/01/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	10	0	<input 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 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?				
Impacts will be determined through laboratory confirmation sampling. Samples will be analyzed for TPH-DRO, TPH-GRO, BTEX, Naphthalene, pH, SAR, and EC.				
Soil/Geology Description:				
Road Base				

Depth to Groundwater (feet BGS) 60

Number Water Wells within 1/2 mile radius: 11

If less than 1 mile, distance in feet to nearest

Water Well 756 None

Surface Water _____ None

Wetlands _____ None

Springs _____ None

Livestock _____ None

Occupied Building 673 None

Additional Spill Details Not Provided Above:

No additional spill 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: 06/01/2020 Email: howard.aamold@nblenergy.com

COA Type Description

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Attachment Check List

Att Doc Num	Name
402409590	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402409638	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)