

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402431466

Date Received:

06/25/2020

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

477092

SPILL/RELEASE REPORT (INITIAL /w 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		
City: HOUSTON State: TX Zip: 77070		
Contact Person: Howard Aamold		
		Phone: (970) 3045014
		Mobile: (970) 2034238
		Email: howard.aamold@nblenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402431466

Initial Report Date: 06/25/2020 Date of Discovery: 06/25/2020 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SESW SEC 35 TWP 5N RNG 64W MERIDIAN 6

Latitude: 40.348855 Longitude: -104.521793

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 323210

Spill/Release Point Name: CPC Hoshiko 35-1, Hoshiko B 35-14

☐ 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? 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): >=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: CROP LAND

Other(Specify):

Weather Condition: Sunny 92 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 decommissioning operations at the CPC Hoshiko 35-1, Hoshiko B 35-14 facility crews discovered soil impacts in the vicinity of the produced water vault that serviced the AST due to a historical release.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/25/2020	COGCC	Nikki Graber	-	
6/25/2020	Weld County	Jason Maxey	-	
6/25/2020	Weld County	Roy Rudisill	-	
6/25/2020	Noble Land	Land Owner	-	

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: 06/25/2020		
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? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) ☒ Soil ☒ Groundwater ☐ Surface Water ☐ 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? _____

Remediation of impacts will be scheduled with laboratory confirmation sampling through a third party environmental consultant conducted.

Soil/Geology Description:

Silty sand			
Depth to Groundwater (feet BGS) <u>5</u>		Number Water Wells within 1/2 mile radius: <u>4</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1346</u>	None <input type="checkbox"/>	Surface Water <u>131</u>
	Wetlands <u>131</u>	None <input type="checkbox"/>	Springs <u></u>
	Livestock <u></u>	None <input checked="" type="checkbox"/>	Occupied Building <u>925</u>
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: 06/25/2020 Email: howard.aamold@nblenergy.com

<u>COA Type</u>	<u>Description</u>
	Referenced approved remediation workplan is for vault removal. Within 14 days (by July 8, 2020), submit a Form 27 Site Investigation and Remediation Workplan with a proposed workplan and timeline for remediation of this Release.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402431466	SPILL/RELEASE REPORT(I/S)
402431519	AERIAL PHOTOGRAPH
402433379	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)