

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:

402466669

Date Received:

08/14/2020

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

477558

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 ENERGY INC</u>	Operator No: <u>100322</u>	Phone Numbers
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>		
		Phone: <u>(970) 3045014</u>
		Mobile: <u>(970) 2034238</u>
		Email: <u>howard.aamold@nblen</u> <u>ergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402462368

Initial Report Date: 08/08/2020 Date of Discovery: 08/05/2020 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NWNW SEC 32 TWP 4N RNG 65W MERIDIAN 6

Latitude: 40.275907 Longitude: -104.693863

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

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 460801

Spill/Release Point Name: Hambert G32-4X

☐ 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 80 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 reclamation operations at the Hambert G32-4 facility crews discovered soil impacts in the vicinity of the separator location due to a historical release

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/6/2020	COGCC	Nikki Graber	-	
8/6/2020	COGCC	Alex Fisher	-	
8/6/2020	Weld County	Jason Maxey	-	
8/6/2020	Weld County	Roy Rudisill	-	
8/6/2020	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: 08/14/2020		
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) <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?			
Remediation of impacts will be scheduled with laboratory confirmation sampling through a third party environmental consultant conducted.			
Soil/Geology Description:			

sandy clay

Depth to Groundwater (feet BGS)	24
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Number Water Wells within 1/2 mile radius: 8

If less than 1 mile, distance in feet to nearest

Water Well	600	None	<input type="checkbox"/>
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Surface Water	1200	None	
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Wetlands	3898	None	<input type="checkbox"/>
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Springs None ☒

Livestock	1300	None	<input type="checkbox"/>
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Occupied Building 890 None

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: 08/14/2020 Email: howard.aamold@nblenergy.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

402466733	AERIAL PHOTOGRAPH
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)