

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:

402587312

Date Received:

01/30/2021

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

479280

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>	Phone Numbers Phone: <u>(970) 3045329</u> Mobile: <u>()</u> Email: <u>jacob.evans@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>Jacob Evans</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402587312

Initial Report Date: 01/30/2021 Date of Discovery: 01/28/2021 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NWNW SEC 20 TWP 4N RNG 65W MERIDIAN 6

Latitude: 40.302293 Longitude: -104.692823

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

Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 318333
 Spill/Release Point Name: Edward Hemple 1 ☐ 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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____
 Weather Condition: P/C 35
 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):

Historical impacts were discovered during reclamation activities on the lease road. Excavation activities were initiated to remove the impacts and grab soil samples were collected for laboratory analysis.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/29/2021	COGCC	Nikki Graber	-	
1/29/2021	Weld County	David Burns	-	
1/29/2021	Weld County	Jason Maxey	-	
1/29/2021	Weld Coutny	Roy Rudisill	-	
1/29/2021	Noble Land	Landowner	-	

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 ☐

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: Jacob Evans

Title: Environmental Specialist Date: 01/30/2021 Email: jacob.evans@nblenergy.com

COA Type

Description

	Per Rule 912.b.(4), the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes: A. A topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill B. All pertinent information about the spill/release known to the Operator that has not been reported previously including photo documentation showing the source of the Spill or Release, the impacted area, and initial cleanup activity C. Information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator D. Global Positioning System data that meets the requirements of Rule 216 if latitude and longitude data provided pursuant to Rule 912.b.(2). A did not meet the requirements of Rule 216.
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Attachment List

Att Doc Num

Name

402587312	SPILL/RELEASE REPORT(INITIAL)
402587313	SITE MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)