

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404162731

Date Received:

04/13/2025

Spill report taken by:

Rollins, Grace

Spill/Release Point ID:

489975**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 ECMC Rule 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

OPERATOR INFORMATION

| | | |
|---|----------------------------|---------------------------------------|
| Name of Operator: <u>NOBLE ENERGY INC</u> | Operator No: <u>100322</u> | Phone Numbers |
| Address: <u>1099 18TH STREET SUITE 1500</u> | | Phone: <u>(970) 730-7281</u> |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80202</u> |
| Contact Person: <u>Dan Peterson</u> | | Mobile: <u>()</u> |
| | | Email: <u>danpeterson@chevron.com</u> |

☐ Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

INITIAL SPILL/RELEASE REPORTInitial Spill/Release Report Doc# 404162731

Initial Report Date: 04/13/2025 Date of Discovery: 04/10/2025 Spill Type: Historical Release

Spill/Release Point Location:QTRQTR NESW SEC 15 TWP 3N RNG 64W MERIDIAN 6Latitude: 40.222031 Longitude: -104.539060Municipality (if within municipal boundaries): No County: WELD

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

☐ Check this box if this spill/release is related to a loss of integrity of a flowline, pipeline, crude oil transfer line, or produced water transfer line.

Reference Location:Facility Type: TANK BATTERY☒ Facility/Location ID No 422239Spill/Release Point Name: GUTTERSEN D 22-28☐ Well API No. (Only if the reference facility is well) 05- -☐ No Existing Facility or Location ID No.

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): UnknownEstimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Has the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

| | | |
|--------------------|----------------|-----------------|
| Current Land Use: | NON-CROP LAND | Other(Specify): |
| Weather Condition: | 50s and Cloudy | |
| Surface Owner: | FEE | Other(Specify): |

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

On 3/27/2025, GUTTERSEN D 22-28 facility decommissioning activities were completed. During the completion of the activities, no potential presence of impacted material(s) was observed/smelled. Consistent with Rule 912, samples were collected and analyzed to determine whether any constituents are present at levels in excess of Table 915-1 standards. Final laboratory analytical results received on 4/10/2025 indicate that soil sample PWV01-DL, discovered at the produced water vessel dump line, exceeded ECMC Table 915 standards for 1-methylnaphthalene at 0.0066 mg/kg. Groundwater was not encountered during flowline decommissioning activities.

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|-----------------|-------|----------------------------|
| 4/11/2025 | Noble Land | Landowner | -- | -email/verbal notification |
| 4/11/2025 | Weld County | Brett Cavanagh | -- | |
| 4/11/2025 | Weld County | David Burns | -- | |
| 4/11/2025 | ECMC | Laurel Anderson | -- | |

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

- No ☐ Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.
- Waters of the State: _____ Public Water System: _____
- Residence or Occupied Structure: _____ Livestock: _____
- Wildlife: _____ Publicly-Maintained Road: _____
- No ☐ Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.
- No ☐ Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.
- No ☐ Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak
- Enter the approximate time of discovery _____ (HH:MM)
- 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? _____
- Enter the Document Number of the Initial Accident Report, Form 22 _____
- Was there damage during excavation? _____
- Was CO 811 notified prior to excavation? _____
- No ☐ Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.
- Estimated Volume of Impacted Solids (cu. yd.): _____

| | |
|-----|--|
| No | Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply: |
| | <input type="checkbox"/> The presence of free product or hydrocarbon sheen Surface Water <input type="checkbox"/> The presence of free product or hydrocarbon sheen on Groundwater <input type="checkbox"/> The presence of contaminated soil in contact with Groundwater <input type="checkbox"/> The presence of contaminated soil in contact with Surface water |
| Yes | Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylight from the subsurface. |
| No | Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property. |
| | <input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way |
| No | Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps. |
| No | Rule 912.b.(1).J: A Release that results in natural gas in Groundwater. |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|----|--------------------------------------|--|--|
| #1 | Supplemental Report Date: 04/13/2025 | | |
|----|--------------------------------------|--|--|

| 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): 4 Depth of Impact (inches BGS): _____

How was extent determined?

The extent of impacts will be determined through an environmental site assessment. An additional Form 19-Supplemental will be submitted requesting closure within 90 days of the discovery of this spill.

Soil/Geology Description:

Silty Sands

| | |
|---|---|
| Depth to Groundwater (feet BGS) <u>15</u> | Number Water Wells within 1/2 mile radius: <u>1</u> |
|---|---|

| | | |
|--|--|---|
| If less than 1 mile, distance in feet to nearest | Water Well <u>1850</u> None <input type="checkbox"/> | Surface Water _____ None <input checked="" type="checkbox"/> |
| | Wetlands _____ None <input checked="" type="checkbox"/> | Springs _____ None <input checked="" type="checkbox"/> |
| | Livestock <u>0</u> None <input type="checkbox"/> | Occupied Building _____ None <input checked="" type="checkbox"/> |

Additional Spill Details Not Provided Above:

No additional spill details

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/13/2025

Root Cause of Spill/Release Unknown (Historical)

Other (specify)

Type of Equipment at Point of Spill/Release: Partially Buried Vessel

If "Other" selected above, specify or describe here:

Describe Incident & Root Cause (include specific equipment and point of failure)

Historical impacts were discovered during facility decommissioning activities at the produced water vessel dump line. Due to the historical nature of the release, an exact cause was not able to be identified.

Describe measures taken to prevent the problem(s) from reoccurring:

Noble conducts routine AVO inspections of all oil and gas facilities in order to identify and mitigate potential releases. Further, this facility is no longer active and is in the process of being decommissioned. The produced water vessel has been taken out of service and there is no longer a possibility of a release originating from this infrastructure.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment

☐ Other (specify)

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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, check all that apply)

☐ Horizontal and Vertical extents of impacts have been delineated.

☐ Documentation of compliance with Table 915-1 is attached.

☐ All E&P Waste has been properly treated or disposed.

☐ Work proceeding under an approved Form 27 (Rule 912.c).

Form 27 Remediation Project No: _____

☐ SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

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: Jennifer Skweres

Title: Environmental Specialist Date: 04/13/2025 Email: jskweres@tasman-geo.com

COA Type**Description**

| | |
|-------|--|
| | <p>Pursuant to Rule 912.b.(6) Operator is required to submit a Form 19 Supplemental Report for the associated spill within 90 days of the spill date requesting closure pursuant to Rule 913.h and supported by adequate documentation to demonstrate that the Spill or Release has been fully cleaned up and complies with Table 915-1; or A Form 27 if any of the criteria listed in Rules 912.b.(6).B.i–iii apply. If Remediation will continue under an approved Form 27, the Operator will also submit a Form 19 – Supplemental which requests closure of the Spill or Release and includes the Remediation project number assigned by the Director.</p> <p>Form 19 Supplemental requesting closure is due by 07/07/2025.</p> |
| 1 COA | |

ATTACHMENT LIST**Att Doc Num****Name**

| | |
|-----------|---------------------------|
| 404162731 | SPILL/RELEASE REPORT(I/S) |
| 404162732 | ANALYTICAL RESULTS |
| 404162733 | OTHER |
| 404185996 | FORM 19 SUBMITTED |

Total Attach: 4 Files

General Comments**User Group****Comment****Comment Date**

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)