

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

400681750

Date Received:

09/08/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

438778

## SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. 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	<b>Phone Numbers</b>
Address: 1625 BROADWAY STE 2200		Phone: (720) 5872026
City: DENVER State: CO Zip: 80202		Mobile: ( )
Contact Person: Jacob Evans		Email: jevans@nobleenergyinc.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400679496

Initial Report Date: 09/04/2014 Date of Discovery: 09/02/2014 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 11 TWP 6N RNG 66W MERIDIAN 6

Latitude: 40.499011 Longitude: -104.742371

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 322850  
☐ No Existing Facility or Location ID No.  
☐ Well API No. (Only if the reference facility is well) 05- -

#### 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): 0 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: Cloudy 75

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 operations and maintenance it was discovered a flow line leading from the tank battery to the separator had been leaking. An excavation of impacted soil is scheduled.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/2/2014	COGCC	Rick Allison	-	Emailed 24 hour spill notice
9/2/2014	Weld County	Gracie Marquez	-	Emailed 24 hour spill notice
9/2/2014	Noble Land	Landowner	-	

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 09/08/2014		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input 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): 16 Width of Impact (feet): 8

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): 6

How was extent determined?

The extent of impacts will be determined through excavation of impacted soils followed by sidewall and floor lab confirmation soil sampling by a third party environmental consultant.

Soil/Geology Description:

Sandy clayey silt

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest	Water Well <u>434</u>	None <input type="checkbox"/>	Surface Water <u>4145</u>	None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock <u>900</u>	None <input type="checkbox"/>	Occupied Building <u>670</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

No additional spill details at this time

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/08/2014

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

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

During removal procedures it was discovered the flow line running from the separator to the tank battery unit had developed a corrosive hole. The production equipment was shut in while remediation is being planned.

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

The line will be removed/abandoned during plugging and abandonment procedures.

Volume of Soil Excavated (cubic yards): \_\_\_\_\_

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): \_\_\_\_\_

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

## 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: \_\_\_\_\_

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: 09/08/2014 Email: jevans@nobleenergyinc.com

## Attachment Check List

Att Doc Num	Name
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Total Attach: 0 Files

## General Comments

User Group	Comment	Comment Date
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Total: 0 comment(s)