

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:

400755834

Date Received:

12/18/2014

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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	Phone Numbers
Address: 1625 BROADWAY STE 2200		Phone: (970) 3045329
City: DENVER	State: CO	Zip: 80202
Contact Person: Jacob Evans		Mobile: ()
		Email: jevans@nobleenergyinc.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400755834

Initial Report Date: 12/18/2014 Date of Discovery: 12/16/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 4 TWP 9N RNG 58W MERIDIAN 6

Latitude: 40.778510 Longitude: -103.861350

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL PAD

☐ Facility/Location ID No

☐ No Existing Facility or Location ID No.

☒ Well API No. (Only if the reference facility is well) 05-123-37453

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

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? Yes

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

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): >=5 and <100

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Recycled Water

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: cold cloudy

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):

Employee flooded the manifold in front of the tanks leaving a drain valve open releasing 76 bbls of recycled water inside duck pond containment. There was no contact with the ground surface and all 76 bbls were recovered.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/16/2014	Noble Land	Landowner	-	
12/16/2014	COGCC	Rick Allison	-	
12/16/2014	Weld County	Gracie Marquez	-	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/18/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	76	76	<input type="checkbox"/>

specify: Recycled Water

Was spill/release completely contained within berms or secondary containment? YES 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?

All recycled water was inside containment with no contact to the ground surface. All fluid was recovered.

Soil/Geology Description:

Fluid did not come into contact with soil

Depth to Groundwater (feet BGS) 80 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest

Water Well	<u>1475</u>	None <input type="checkbox"/>	Surface Water	<u>876</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" 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: 12/18/2014

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)

Have employees ensure that all valves are closed prior to conducting work

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

Education

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: 12/18/2014 Email: jevans@nobleenergyinc.com

Attachment Check List

Att Doc Num **Name**

400755863 SITE MAP

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)