

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400812555

Date Received:

03/20/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

441063

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: <u>NOBLE ENERGY INC</u>	Operator No: <u>100322</u>	Phone Numbers
Address: <u>1625 BROADWAY STE 2200</u>		Phone: <u>(970) 3045329</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jacob Evans</u>		Mobile: <u>()</u>
		Email: <u>jacob.evans@nblenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400808146

Initial Report Date: 03/12/2015 Date of Discovery: 03/11/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 34 TWP 5N RNG 65W MERIDIAN 6Latitude: 40.358040 Longitude: -104.647700Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 319295☐ 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): 0Estimated Condensate Spill Volume(bbl): >=1 and <5Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Sunny 60Surface 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 maintenance activities a leak in the flowline was discovered. Impacted soil and groundwater over COGCC Table 910-1 standards was discovered. All production equipment has been shut in and blown down. An excavation will be scheduled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/14/2015	Noble Land	Landowner	-	
3/11/2015	COGCC	Rick Allison	-	Emailed 24 hour spill notice
3/11/2015	Weld County	Gracie Marquez	-	Emailed 24 hr spill notice

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/20/2015		
FLUIDS	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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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 checked="" 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?			
The extent of impacts will be determined through excavation of impacted soils followed by a groundwater site assessment to delineate groundwater impacts.			
Soil/Geology Description:			
well graded sand			
Depth to Groundwater (feet BGS) <u>5</u>		Number Water Wells within 1/2 mile radius: <u>13</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1640</u> None <input type="checkbox"/>	Surface Water <u>2995</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>5</u> None <input type="checkbox"/>	Occupied Building <u>1690</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

no additional spill details

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/20/2015

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)

Flowline developed a leak.

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

The leaking flowline will be repaired or replaced.

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: 03/20/2015 Email: jacob.evans@nblenergy.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)