

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:

400812566

Date Received:

03/20/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

441061

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# 400808000

Initial Report Date: 03/12/2015 Date of Discovery: 03/10/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 33 TWP 4N RNG 64W MERIDIAN 6

Latitude: 40.268910 Longitude: -104.559870

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

Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 310132

☐ 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? 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? 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: NON-CROP LAND

Other(Specify): _____

Weather Condition: 55 sunny

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):

A hole developed at the flowline for the Lindsay C33-20 location. All production equipment was shut in and blown down. An excavation will be scheduled.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|----------------|-------|------------------------|
| 3/10/2015 | Noble Land | Landowner | - | |
| 3/10/2015 | COGCC | Bob Chesson | - | Emailed 24 hour notice |
| 3/10/2015 | Weld County | Gracie Marquez | - | Emailed 24 hour 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 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 soil. A third party environmental consultant will be on location to guide the excavation and collect lab confirmation soil samples. | | | |
| Soil/Geology Description: | | | |
| Sand welll graded | | | |
| Depth to Groundwater (feet BGS) <u>90</u> | | Number Water Wells within 1/2 mile radius: <u>6</u> | |
| If less than 1 mile, distance in feet to nearest | Water Well <u>1795</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 _____ | None <input checked="" type="checkbox"/> | Occupied Building <u>2080</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 leak detected

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

the flowline will be replaced or repaired.

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 |
|-------------|------|
|-------------|------|

| | |
|--|--|
| | |
|--|--|

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|------------|---------|--------------|

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)