

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:

400836521

Date Received:

05/06/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

441768

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: <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# 400836521

Initial Report Date: 05/06/2015 Date of Discovery: 05/05/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 6 TWP 6N RNG 63W MERIDIAN 6

Latitude: 40.514420 Longitude: -104.476176

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 306240

☐ 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): 0

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: Rain 45

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 a leak occurred at the produced water vault and produced water line. Facility has been shut in and remediation options are being evaluated.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/5/2015	COGCC	Rick Allison	-	24 hour spill notice
5/5/2015	Weld County	Gracie Marquez	-	24 hour spill notice
5/5/2015	Noble Land	Luke Musgrave	-	Landowner contacted

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/06/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input 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): _____ Depth of Impact (inches BGS): _____

How was extent determined?

The extent of impacts will be determined through lab confirmation sampling. A site assessment or source removal will be scheduled.

Soil/Geology Description:

well graded sand

Depth to Groundwater (feet BGS) 23 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest	Water Well <u>2282</u>	None <input type="checkbox"/>	Surface Water <u>1299</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 <u>4627</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

No additional spill details at this time

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/06/2015

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)

The water vault and prodced water line developed a leak

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

Repairs will be made

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: _____

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: Jacob Evans

Title: Environmental Specialist Date: 05/06/2015 Email: jacob.evans@nblenergy.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

2143124	24 HOUR NOTIFICATION
2143138	CORRESPONDENCE
400836521	FORM 19 SUBMITTED
400836552	SITE MAP

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	The Operator shall submit a Form 27 Site Investigation and Remediation Workplan for the removal a buried/partially buried produced water vessel in accordance with Rule 905.b. The Form 27 Workplan can be submitted with the excavation results, but should be submitted no later than 90 days from the Spill Report Date in order to resolve this release.	5/8/2015 7:51:31 AM
Environmental	Operator confirmed change via email (attached)	5/8/2015 7:50:51 AM
Environmental	COGCC changed the legal location from the SWSE Sec 6 T6N R63W to the NWSE Sec 6 T6N R63W to match the Operator supplied Lat/Long, and changed the reference location from Location No. 306241 to 306240. Pending Operator confirmation of change.	5/7/2015 2:11:04 PM

Total: 3 comment(s)