

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:

ALLISON, RICK

Spill/Release Point ID:

440480

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	<b>Phone Numbers</b>
Address: 1625 BROADWAY STE 2200		Phone: (970) 3045329
City: DENVER State: CO Zip: 80202		Mobile: ( )
Contact Person: Jacob Evans		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 433076  
 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? 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

<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>76</u>	<u>76</u>	<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: \_\_\_\_\_

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

### COA Type

### Description

Spilled fluids were fully contained within synthetic containment and recovered. Therefore, no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soil exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site.

### Attachment Check List

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
2615021	24 HOUR NOTIFICATION
400755834	FORM 19 SUBMITTED
400755863	SITE MAP

Total Attach: 3 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Environmental	Per Operator communication: Changed reference location from API 05-123-37453 to Location 433076; the spill occurred at a staging area for frac tanks that held recycled water.	12/19/2014 1:32:54 PM
Environmental	Requested clarification on the location of the tanks holding recycled produced/flowback water.	12/19/2014 11:01:46 AM

Total: 2 comment(s)