

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400963442

Date Received:

01/04/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

443116

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# 400895700

Initial Report Date: 09/04/2015 Date of Discovery: 09/04/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 32 TWP 6N RNG 64W MERIDIAN 6

Latitude: 40.441096 Longitude: -104.575804

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

Reference Location:

Facility Type: WELL ☐ Facility/Location ID No. _____
☐ No Existing Facility or Location ID No.
☒ Well API No. (Only if the reference facility is well) 05-123-12679

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): >=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: CROP LAND Other(Specify): _____

Weather Condition: 60 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):

The Webster 11-32 well developed a leak and was shut in. A plug will be installed and investigation is ongoing. Remediation will be evaluated.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|--------------|----------------|-------|---------------------|
| 9/4/2015 | COGCC | Rick Allison | - | Submitted E-Form 19 |
| 9/4/2015 | Weld County | Gracie Marquez | - | Sent Email |
| 9/4/2015 | Noble Land | Luke Musgrave | - | Notified Landowner |

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:

Please respond via email with a remediation number; thanks

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: 01/04/2016 Email: jacob.evans@nblenergy.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

| | |
|-----------|--------------------|
| 400963445 | OTHER |
| 400963446 | ANALYTICAL RESULTS |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
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Total: 0 comment(s)