

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400985848

Date Received:

02/09/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

444673

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# 400983708

Initial Report Date: 02/04/2016 Date of Discovery: 02/03/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 15 TWP 2N RNG 64W MERIDIAN 6Latitude: 40.145495 Longitude: -104.534330Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 331660☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated 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: NON-CROP LAND

Other(Specify): _____

Weather Condition: 20 sunnySurface 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 loss of produced water was detected at the Feather 31-15 location. A site assessment indicated soil and groundwater above COGCC Table 910-1 standards around the produced water vault. All production has been shut in.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/3/2016	COGCC	Bob Chesson	-	Emailed notification of release
2/3/2016	Weld County	Gracie Marquez	-	Emailed notification of release
2/3/2016	Noble Land	Luke Musgrave	-	Notified landowner of release

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/09/2016		
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 further site investigation. Initial site assessment results indicated groundwater and soil above COGCC Table 910-1 standards.

Soil/Geology Description:

Clayey sand

Depth to Groundwater (feet BGS) 11 Number Water Wells within 1/2 mile radius: 8

If less than 1 mile, distance in feet to nearest	Water Well <u>1008</u>	None <input type="checkbox"/>	Surface Water <u>1252</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>1460</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

No additional spill details at this time

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/09/2016

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 produced water vault developed a leak at the base

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

The produced water vault will be 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: _____

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: 02/09/2016 Email: jacob.evans@nblenergy.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

400985848 FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)