

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:

401013527

Date Received:

03/22/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

440657

**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>	<b>Phone Numbers</b>
Address: <u>1625 BROADWAY STE 2200</u>		Phone: <u>(970) 6468587</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>( )</u>
Contact Person: <u>Jacob Evans</u>		Email: <u>jacob.evans@nblenergy.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 400759421

Initial Report Date: 12/25/2014 Date of Discovery: 12/24/2014 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NENE SEC 7 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.332480 Longitude: -104.813010

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

**Reference Location:**

Facility Type: TANK BATTERY  Facility/Location ID No 437479  
 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): <u>&gt;=1 and &lt;5</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

**Land Use:**

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Ice, Snow

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):

Contractor went to switch from one oil tank to another and forgot to open tank creating a backup. A release valve popped off on a compressor misting 1.5 barrels of oil outside of containment. Site investigation ongoing.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/24/2014	Noble Land	Landowner	-	
12/25/2014	Gracie Marquez	Weld County	-	Emailed 24hr Notice

### 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 response to NFA request

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Jacob

Title: Evans Date: 03/22/2016 Email: jacob.evans@nblenergy.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

### Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>
401013532	OTHER

Total Attach: 1 Files

### General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)