

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:

401040361

Date Received:

05/03/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

445654

**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) 3045329</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# 401039209

Initial Report Date: 05/02/2016 Date of Discovery: 04/29/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NESE SEC 27 TWP 3N RNG 64W MERIDIAN 6

Latitude: 40.194726 Longitude: -104.530100

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

**Reference Location:**

Facility Type: FLOWLINE  Facility/Location ID No \_\_\_\_\_  
 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>&gt;=1 and &lt;5</u>     |
| Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>    | Estimated Produced Water Spill Volume(bbl): <u>&gt;=1 and &lt;5</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: NON-CROP LAND Other(Specify): \_\_\_\_\_  
 Weather Condition: 30 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):

During operations a corrosive hole formed in the flowline at the Kyle White D27-9 location with fluids surfacing. Remediation of impacted soil above COGCC Table 910-1 will be scheduled.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

| Date      | Agency/Party | Contact        | Phone | Response                      |
|-----------|--------------|----------------|-------|-------------------------------|
| 4/29/2016 | COGCC        | Bob Chesson    | -     | Emailed 24 hour notice        |
| 4/29/2016 | Weld County  | Gracie Marquez | -     | Emailed 24 hour notice        |
| 4/29/2016 | Noble Land   | Landowner      | -     | Notified landowner of release |

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 05/03/2016

| FLUIDS          | BBL's SPILLED | BBL's RECOVERED | Unknown                             |
|-----------------|---------------|-----------------|-------------------------------------|
| OIL             | _____         | _____           | <input checked="" type="checkbox"/> |
| CONDENSATE      | _____         | _____           | <input checked="" 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 excavation of impacted soil exceeding COGCC Table 910-1 standards. Lab confirmation soil sampling will be through a third party environmental consultant.

Soil/Geology Description:

Fine grained sand

Depth to Groundwater (feet BGS) 140 Number Water Wells within 1/2 mile radius: 28

If less than 1 mile, distance in feet to nearest

|            |            |  |                   |             |  |
|------------|------------|--|-------------------|-------------|--|
| Water Well | <u>195</u> | None <input type="checkbox"/>            | Surface Water     | <u>3692</u> | None <input type="checkbox"/>            |
| Wetlands   | _____      | None <input checked="" type="checkbox"/> | Springs           | _____       | None <input checked="" type="checkbox"/> |
| Livestock  | <u>600</u> | None <input 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: 05/03/2016

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)

A corrosive hole formed in a section of the flowline.

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

An 18 foot section of pipe was cut out and replaced with schedule 80 pipe.

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: 05/03/2016 Email: jacob.evans@nblenergy.com

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
|                 |                    |

### Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u>       |
|--------------------|-------------------|
| 401040361          | FORM 19 SUBMITTED |

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)