

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401046595

Date Received:

05/12/2016

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

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/12/2016
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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 packing on the bradenhead surface casing developed a leak

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

Repair was made to the 8 5/8" surface casing head packing

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:

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: 05/12/2016 Email: jacob.evans@nblenergy.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401046597	OTHER
401046598	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)