

# 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:

401081728

Date Received:

07/21/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

446310

## 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>
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# 401066517

Initial Report Date: 06/22/2016 Date of Discovery: 06/21/2016 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 3 TWP 4N RNG 64W MERIDIAN 6

Latitude: 40.339768 Longitude: -104.538829

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) 05-123-10897

#### 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): >=1 and <5

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: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 75 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):

During plugging and abandonment of the wellhead at the Weld 2 location, an abandoned flowline was located near the wellhead. The flowline has been capped and abandoned in place, remediation of impacts will be scheduled.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/21/2016	COGCC	Bob Chesson	-	Emailed notice
6/21/2016	Weld County	Roy Rudisill	-	Emailed notice
6/21/2016	Noble Land	Landowner	-	Notified landowner of release

**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 email a response to the NFA Request, 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: 07/21/2016 Email: jacob.evans@nblenergy.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

401081729	OTHER
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)