

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401213749

Date Received:

02/17/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

449303

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: NOBLE ENERGY INC	Operator No: 100322	Phone Numbers Phone: (970) 3045329 Mobile: () Email: jacob.evans@nblenergy.com
Address: 1625 BROADWAY STE 2200		
City: DENVER	State: CO Zip: 80202	
Contact Person: Jacob Evans		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401213749

Initial Report Date: 02/17/2017 Date of Discovery: 02/15/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 11 TWP 6N RNG 65W MERIDIAN 6

Latitude: 40.498900 Longitude: -104.639760

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 305650
☐ 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): 0 Estimated Condensate Spill Volume(bbl): >=1 and <5

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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: sunny 50

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 bypass line on the separator developed a leak causing an unintentional release of condensate. The location is shut in and excavation of impacted soil above COGCC Table 910-1 standards is underway.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/15/2017	COGCC	Rick Allison	-	Emailed Notice
2/15/2017	Weld County	Roy Rudisill	-	Emailed Notice
2/17/2017	Noble Land	Landowner	-	Notified landowner of release

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 Coordinator Date: 02/17/2017 Email: jacob.evans@nblenergy.com

COA Type

Description

	<p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator. COGCC notes that the required Aerial Image was included with the Initial Spill Report. A Supplemental Spill Detail Report is still required.</p> <p>The Supplemental Spill Report for this release is due by February 25, 2017.</p>
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Attachment Check List

Att Doc Num

Name

2615486	INITIAL NOTIFICATION
401213749	SPILL/RELEASE REPORT(INITIAL)
401213853	SITE MAP
401213950	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)