

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401233524

Date Received:

03/28/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

449303

# SPILL/RELEASE REPORT (SUPPLEMENTAL)

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	<b>Phone Numbers</b> 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

Date	Agency/Party	Contact	Phone	Response
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

### CORRECTIVE ACTIONS

#1	Supplemental Report Date:	03/15/2017
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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)

A corrosive hole formed in the separator bypass line

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

The location was plugged and abandoned. Noble will routinely check lines at facilities to ensure they are working properly.

Volume of Soil Excavated (cubic yards): 150

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

### 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:

Alm USX E 13-11, 11-11 No Further Action 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 Evans

Title: Environmental Coordinator Date: 03/28/2017 Email: jacob.evans@nblenergy.com

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

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401233528	OTHER

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)