

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401545068

Date Received:

02/14/2018

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

454014

### 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: <u>NOBLE ENERGY INC</u>	Operator No: <u>100322</u>	<b>Phone Numbers</b>
Address: <u>1001 NOBLE ENERGY WAY</u>		Phone: <u>(970) 3045329</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</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# 401541275

Initial Report Date: 02/09/2018 Date of Discovery: 02/07/2018 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 34 TWP 4N RNG 65W MERIDIAN 6

Latitude: 40.274200 Longitude: -104.651830

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) 05-123-15296

#### 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: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 55 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 Moser 34-3G well head, historical impacts were discovered. Excavation of impacted soil is underway.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/7/2018	COGCC	Bob Chesson	-	
2/7/2018	Weld County	Roy Rudisill	-	
2/7/2018	Weld County	Troy Swain	-	
2/7/2018	Noble Land	Landowner	-	

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 02/14/2018

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	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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?

Impacts will be delineated through excavation of impacted soil above COGCC Table 910-1 standards with laboratory confirmation sampling. A subsequent groundwater assessment will be scheduled to delineate the extents of dissolved phase impacts.

Soil/Geology Description:

Sandy clay

Depth to Groundwater (feet BGS) 14 Number Water Wells within 1/2 mile radius: 10

If less than 1 mile, distance in feet to nearest

Water Well	<u>860</u>	None <input type="checkbox"/>	Surface Water	<u>2600</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>1300</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

No additional spill details

### 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 Coordinator Date: 02/14/2018 Email: jacob.evans@nblenergy.com

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

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401545068	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401545787	FORM 19 SUBMITTED

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)