

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:

401751961

Date Received:

09/02/2018

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

457164

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: <u>NOBLE ENERGY INC</u> | Operator No: <u>100322</u> | Phone Numbers |
| Address: <u>1001 NOBLE ENERGY WAY</u> | | Phone: <u>(970) 3045329</u> |
| City: <u>HOUSTON</u> | State: <u>TX</u> | Zip: <u>77070</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# 401751961

Initial Report Date: 09/02/2018 Date of Discovery: 08/31/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 19 TWP 4N RNG 64W MERIDIAN 6

Latitude: 40.300289 Longitude: -104.584535

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No _____

Spill/Release Point Name: Oster PM C 19-8

☒ No Existing Facility or Location ID No.

Number: _____

☐ 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): >=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: 80 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 maintenance activities a historical release was discovered. Excavation of impacted soil is scheduled for 9/4/2018.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 8/31/2018 | COGCC | Bob Chesson | - | |
| 8/31/2018 | Weld County | Roy Rudisill | - | |
| 8/31/2018 | Noble Land | Landowner | - | |

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

OPERATOR COMMENTS:

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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: 09/02/2018 Email: jacob.evans@nblenergy.com

COA Type

Description

| | |
|--|--|
| | |
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Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------------------|
| 401751961 | SPILL/RELEASE REPORT(INITIAL) |
| 401751962 | SITE MAP |
| 401755506 | FORM 19 SUBMITTED |

Total Attach: 3 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Environmental | Spill location (TB) does not have an existing Location Number. | 09/06/2018 |

Total: 1 comment(s)