

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:

401872360

Date Received:

12/12/2018

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

459573

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	Phone Numbers
Address: 1001 NOBLE ENERGY WAY		
City: HOUSTON State: TX Zip: 77070		
Contact Person: Jacob Evans		
		Phone: (970) 3045329
		Mobile: ()
		Email: jacob.evans@nblenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401864473

Initial Report Date: 12/06/2018 Date of Discovery: 12/05/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 20 TWP 4N RNG 65W MERIDIAN 6

Latitude: 40.302039 Longitude: -104.692251

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 318333

Spill/Release Point Name: Edward Hemple Unit 1 ☐ 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? Yes

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: 30 cloudy

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 historical impacts were discovered at the tank battery. A limited assessment was conducted and five grab soil samples were collected and sent to a certified laboratory for analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene. Excavation will be scheduled once equipment is removed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/5/2018	COGCC	Nikki Graber	-	
12/5/2018	Weld County	Jason Maxey	-	
12/5/2018	Weld County	Roy Rudisill	-	
12/5/2018	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: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 12/12/2018		
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	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> 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?			
The extent of impacts will be determined through excavation of impacted soil above COGCC Table 910-1 standards. A third party environmental consultant will collect confirmation soil samples and transport them to a certified laboratory under proper chain of custody procedures for analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene.			
Soil/Geology Description:			
Silty clay			

Depth to Groundwater (feet BGS) _____	20	Number Water Wells within 1/2 mile radius: _____	12
If less than 1 mile, distance in feet to nearest	Water Well _____	1146	None <input type="checkbox"/>
	Wetlands _____	None <input checked="" type="checkbox"/>	
	Livestock _____	None <input checked="" type="checkbox"/>	
	Surface Water _____	2395	None <input type="checkbox"/>
	Springs _____	None <input checked="" type="checkbox"/>	
	Occupied Building _____	915	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

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: 12/12/2018 Email: jacob.evans@nblenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)