

**State of Colorado**  
**Oil and Gas Conservation Commission**

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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: <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>
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# 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 <5Estimated Condensate Spill Volume(bbl): >=1 and <5Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: 30 cloudySurface 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		
<b>FLUIDS</b>	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, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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			

Number Water Wells within 1/2 mile radius: 12

Additional Spill Details Not Provided Above:

**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.**

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No:

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

<b><u>COA Type</u></b>	<b><u>Description</u></b>
	On the next Form 19 subsequent operator is to provide the root cause of the incident and preventative measures that will be taken to prevent reoccurrence on this and other dump lines at this location. Please give the location of the failure (i.e. 6 O'clock position) and if the root cause is corrosion explain if it is external or internal. Please also list the wells associated with this facility on the form 19 subsequent.
	<p><b>FORM 19 SUPPLEMENTAL FOR CLOSURE 1</b></p> <p>The Operator shall submit a Form 19 Supplemental Report that documents the successful remediation of the release within 90 days of the release date. Supporting documentation shall include confirmation soil samples to document removal of impacts from soil in the release area and a site diagram that illustrates the release extent and location of confirmation soil samples. Confirmation soil samples should be collected and analyzed in accordance with Rule 910. If ground water impacts are discovered, the Operator shall submit a Form 27 Site Investigation and Remediation Workplan for the investigation and remediation of impacts to ground water in accordance with Rule 909.c.</p> <p>The Supplemental Form 19 is due March 6, 2019.</p>

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401872360	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401874131	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)