

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:

401915773

Date Received:

01/24/2019

Spill report taken by:

Spill/Release Point ID:

## 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: NOBLE ENERGY INC	Operator No: 100322	<b>Phone Numbers</b>
Address: 1001 NOBLE ENERGY WAY		Phone: (970) 3045329
City: HOUSTON State: TX Zip: 77070		Mobile: ( )
Contact Person: Jacob Evans		Email: jacob.evans@nblenergy.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401915773

Initial Report Date: 01/24/2019 Date of Discovery: 01/23/2019 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 1 TWP 4N RNG 67W MERIDIAN 6

Latitude: 40.346454 Longitude: -104.833290

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 329449

Spill/Release Point Name: Bernhardt 1-11,12 ☐ 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: NON-CROP LAND Other(Specify):

Weather Condition: Sunny 30's

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 reclamation activities historical impacts were discovered at the Bernhardt 1-11,12 previous tank battery location. One hundred cubic yards of impacted soil was removed and transported to Buffalo Ridge landfill under signed waste manifest. Tasman Geosciences collected grab confirmation soil samples and delivered them to Summit Scientific under standard chain of custody procedures for analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/23/2019	COGCC	Peter Gintautas	-	
1/23/2019	Weld County	Jason Maxey	-	
1/23/2019	Weld County	Roy Rudisill	-	
1/24/2019	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: 01/24/2019 Email: jacob.evans@nblenergy.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

401915797	SITE MAP
401915801	ANALYTICAL RESULTS
401915802	SITE MAP

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)