

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:

402032641

Date Received:

05/06/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

464229

## 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	<b>Phone Numbers</b>
Address: 1001 NOBLE ENERGY WAY		Phone: (970) 3045014
City: HOUSTON State: TX Zip: 77070		Mobile: (970) 2034238
Contact Person: Howard Aamold		Email: howard.aamold@nblen ergy.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402024234

Initial Report Date: 04/29/2019 Date of Discovery: 04/26/2019 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 33 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.269523 Longitude: -104.791329

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

Spill/Release Point Name: UPRC

☒ No Existing Facility or Location ID No.

Number: 33-4F,5F

☐ 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 and 61 degrees

Surface Owner: FEDERAL

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 decommissioning operations near the separator crew was removing flow line risers and discovered impacted media. Confirmation sidewall excavation samples were collected above the phreatic zone and submitted under proper chain of custody procedures to Summit Scientific for analysis of TPH-DRO, TPH-GRO, BTEX, and Naphthalene by EPA Methods 8015 and 8260c. A base groundwater sample was also collected and analyzed for BTEX. See Attached

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/26/2019	COGCC	Peter Gintautas	-	
4/26/2019	Weld County	Roy Rudisill	-	
4/26/2019	Weld County	Jason Maxey	-	
4/26/2019	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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 05/06/2019		
<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 type="checkbox"/> Soil <input checked="" 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 ground water impacts will be determined by groundwater assessment.			
Soil/Geology Description:			
Sand			

Depth to Groundwater (feet BGS)		2		Number Water Wells within 1/2 mile radius:		15		
If less than 1 mile, distance in feet to nearest	Water Well	170	None	Surface Water	650	None		
	Wetlands	330	None		Springs		None	<input checked="" type="checkbox"/>
	Livestock		None		<input checked="" type="checkbox"/>	Occupied Building	370	None
Additional Spill Details Not Provided Above:								
No additional 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:     Howard Aamold

Title: Environmental Coordinator      Date: 05/06/2019      Email: howard.aamold@nblenergy.com

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

## **Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402032700	AERIAL PHOTOGRAPH

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)