

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:

402210814

Date Received:

10/16/2019

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: <u>NOBLE ENERGY INC</u>	Operator No: <u>100322</u>	Phone Numbers
Address: <u>1001 NOBLE ENERGY WAY</u>		Phone: <u>(970) 3045014</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77070</u>
Contact Person: <u>Howard Aamold</u>		Mobile: <u>(970) 2034238</u>
		Email: <u>howard.aamold@nblenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402210814

Initial Report Date: 10/16/2019 Date of Discovery: 10/15/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 25 TWP 3N RNG 64W MERIDIAN 6

Latitude: 40.198435 Longitude: -104.494500

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 458994

Spill/Release Point Name: Guttersen D No Existing Facility or Location ID No.

Number: 25-08 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? No

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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): >=5 and <100

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: Sunny 65 degrees

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 drilling operations of the Guttersen D25-734 well the rig experienced an unintentional release of oil based mud due to a transfer hose failure which resulted in 9.25bbl release inside containment and .75bbl outside containment. Operator immediately took action to hit the stop button on the control panel and contacted the Well Site Supervisor to inform of the incident and let him know they were shut down to clean up and replace the hose. The release occurred on Saturday 10/12/2019 although due to an issue with Nobles internal electronic spill notification system the spill report notice failed to send. It wasn't till the morning of 10/15/19 that it was noticed by the generator that report failed to generate and send, at which time he reentered report, which we then received.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/15/2019	COGCC	Robert Chesson	-	
10/15/2019	Weld County	Jason Maxey	-	
10/15/2019	Weld County	ROY Rudisill	-	
10/15/2019	Noble Land	Land Owner	-	

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:

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: 10/16/2019 Email: howard.aamold@nblenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402210815	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)