

**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:

402277459

Date Received:

01/06/2020

Spill report taken by:

Graber, Candice  
 (Nikki)

Spill/Release Point ID:

470543

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402277459

Initial Report Date: 01/06/2020 Date of Discovery: 01/05/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 15 TWP 7N RNG 64W MERIDIAN 6

Latitude: 40.566460 Longitude: -104.526261

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY
☒ Facility/Location ID No 436519
Spill/Release Point Name: Furrow USX AB
☐ No Existing Facility or Location ID No.
Number: 15-99HZ
☐ 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? No

Estimated Total Spill Volume: use same ranges as others for values

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

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

#### Land Use:

Current Land Use: NON-CROP LAND

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

Weather Condition: Sunny 40 degreesSurface 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):

Oil transport operator experienced an unintentional release of 5 barrels of oil during fluid transfer operations at the Furrow USX AB 15-99HZ Battery. Release was outside containment, cleanup is under way.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/5/2020	COGCC	Nikki Graber	-	
1/5/2020	Weld County	Jason Maxey	-	
1/5/2020	Weld County	Roy Rudisill	-	
1/5/2020	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: 01/06/2020 Email: howard.aamold@nbenergy.com

**COA Type**

**Description**

	<p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator. Although the Initial Spill/Release Report included the required topographic map, the Supplemental Spill/Release Detail Report is still required within 10 days.</p> <p>The Supplemental Spill Report for this release is due by January 15, 2020</p>
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**Attachment Check List**

**Att Doc Num**

**Name**

402277459	SPILL/RELEASE REPORT(INITIAL)
402277460	AERIAL PHOTOGRAPH
402277684	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)