

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:

402310380

Date Received:

02/12/2020

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

470543

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>	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>		Mobile: <u>(970) 2034238</u>
Contact Person: <u>Howard Aamold</u>		Email: <u>howard.aamold@nblenergy.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 <5 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): 0

Specify: _____

Land Use:

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

Weather Condition: Sunny 40 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):

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

Date	Agency/Party	Contact	Phone	Response
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: _____

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/12/2020

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

Oil transport operator experienced an unintentional release of 5 barrels of oil during fluid transfer operations at the Furrow USX AB 1599HZ Battery. Transport operator was inside cab during on loading operations, not at controls when he inadvertently over filled transport.

Describe measures taken to prevent the problem(s) from reoccurring:

Communication to all transport company personnel regarding the spill, how it took place, and how it could have been easily prevented, and/or minimized. This was done via email to all, with a picture of the spill to demonstrate the volume of the error. This will be subject matter for safety meeting.

Volume of Soil Excavated (cubic yards): 230

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: 02/12/2020 Email: howard.aamold@nblenergy.com

COA Type

Description

	<p>Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if groundwater is found to be impacted, then further investigation and/or remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.</p> <p>For locations with active ongoing oil and gas operations, comply with Rule 1003 interim reclamation requirements and for locations that will no longer have active oil and gas operations, comply with Rule 1004 Final Reclamation requirements.</p>
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Attachment Check List

Att Doc Num

Name

402310380	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402310546	ANALYTICAL RESULTS
402311937	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)