

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:

402589305

Date Received:

02/02/2021

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

479280

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) 3045329</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>		Mobile: <u>()</u>
Contact Person: <u>Jacob Evans</u>		Email: <u>jacob.evans@nblenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402587312

Initial Report Date: 01/30/2021 Date of Discovery: 01/28/2021 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NWNW SEC 20 TWP 4N RNG 65W MERIDIAN 6

Latitude: 40.302293 Longitude: -104.692823

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

Reference Location:

Facility Type: OTHER Facility/Location ID No 318333
 Spill/Release Point Name: Edward Hemple 1 Well API No. (Only if the reference facility is well) 05- -
 No Existing Facility or Location ID No.

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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____
 Weather Condition: P/C 35
 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):

Historical impacts were discovered during reclamation activities on the lease road. Excavation activities were initiated to remove the impacts and grab soil samples were collected for laboratory analysis.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/29/2021	COGCC	Nikki Graber	-	
1/29/2021	Weld County	David Burns	-	
1/29/2021	Weld County	Jason Maxey	-	
1/29/2021	Weld Coutny	Roy Rudisill	-	
1/29/2021	Noble Land	Landowner	-	

Was there a Grade 1 Gas Leak? Yes No

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes No

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/02/2021

FLUIDS	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? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) Soil Groundwater Surface Water 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 impacts will be delineated through an environmental assessment. Grab soil samples will be collected to determine the lateral and vertical extent of soil impacts. Soil samples will be analyzed for TPH C6-C36, inorganic parameters in soil, and organic parameters in soil per COGCC Table 915-1 standards. Soil borings will be set as monitoring wells to determine if groundwater has been impacted. Groundwater samples will be analyzed for BTEX, naphthalene, 1,3,5-trimethylbenzene, 1,2,4-trimethylbenzene, and inorganic parameters in groundwater.

Soil/Geology Description:

Sandy clay

Depth to Groundwater (feet BGS) 5

Number Water Wells within 1/2 mile radius: 14

If less than 1 mile, distance in feet to nearest

Water Well 1182 None

Surface Water 1790 None

Wetlands 1200 None

Springs _____ None

Livestock 660 None

Occupied Building 823 None

Additional Spill Details Not Provided Above:

Site assessment work will be sheduled prior to March 15, 2021.

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: Jacob Evans

Title: Environmental Specialist Date: 02/02/2021 Email: jacob.evans@nblenergy.com

COA Type

Description

	Pursuant to Rule 912.b.(6) Operator will submit for Director Approval a Form 19 Supplemental Report within 90 days of the spill date with supporting documentation to demonstrate that the Spill has been cleaned up and complies with Table 915-1. The Form 19 Supplemental Report for closure is due by April 17, 2021.
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Attachment List

Att Doc Num	Name
402589305	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402589350	OTHER
402590537	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
Environmental	Mapped Freshwater Emergent Wetlands approximately 1200 feet southeast; updated distance to wetlands.	02/03/2021

Total: 1 comment(s)