

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:

402610125

Date Received:

02/25/2021

Spill report taken by:

Spill/Release Point ID:

## SPILL/RELEASE REPORT (INITIAL /w 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) 3045329
City: HOUSTON	State: TX	Mobile: ( )
Zip: 77070	Contact Person: Jacob Evans	Email: jacob.evans@chevron.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402610125

Initial Report Date: 02/25/2021 Date of Discovery: 02/23/2021 Spill Type: Historical Release

#### Spill/Release Point Location:

QTRQTR SENW SEC 2 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.342175 Longitude: -104.748496

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 443973  
 Spill/Release Point Name: Werning 7-2 ☐ 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):	Unknown	Estimated Condensate Spill Volume(bbl):	Unknown
Estimated Flow Back Fluid Spill Volume(bbl):	0	Estimated Produced Water Spill Volume(bbl):	Unknown
Estimated Other E&P Waste Spill Volume(bbl):	0	Estimated Drilling Fluid Spill Volume(bbl):	0

Specify:

#### Land Use:

Current Land Use: CROP LAND Other(Specify):  
 Weather Condition: Sunny 50  
 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 flowline closure a historical release was discovered where the flowline connects to the separator. Approximately 10 cubic yards of impacted material was removed and disposed of at a certified landfill. A site assessment will be scheduled to delineated impacted media.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/24/2021	COGCC	Nikki Graber	-	Recieved email notification
2/24/2021	Weld County	Jason Maxey	-	Recieved email notification
2/24/2021	Noble Land		-	Landowner notified

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: 02/25/2021		
<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? NO Was an Emergency Pit constructed? NO			
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.			
<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 checked="" type="checkbox"/> Soil <input 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 will be determined through an environmental site assessment.			
Soil/Geology Description:			
Clay			

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 17

If less than 1 mile, distance in feet to nearest Water Well 868 None ☐ Surface Water 50 None ☐

Wetlands 50 None ☐ Springs        None ☒

Livestock        None ☒ Occupied Building 706 None ☐

Additional Spill Details Not Provided Above:

No additional spill details

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/25/2021

Root Cause of Spill/Release Unknown (Historical)

Other (specify)       

Type of Equipment at Point of Spill/Release: Other

If "Other" selected above, specify or describe here:

Separator Area

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

Historical impacts were discovered in the vicinity of the separator area. Where the flowline connected to the separator.

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

Noble Energy conducts routine AVO inspections of all oil and gas facilities.

Volume of Soil Excavated (cubic yards): 10

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment

☐ Other (specify)       

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

## 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: 16540

## 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: 02/25/2021 Email: jacob.evans@chevron.com

## COA Type

## Description

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## Attachment List

Att Doc Num

Name

402610242

OTHER

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)