

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:

402623137

Date Received:

03/09/2021

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: <u>NOBLE ENERGY INC</u>	Operator No: <u>100322</u>	<b>Phone Numbers</b>
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@chevron.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 402623137

Initial Report Date: 03/09/2021 Date of Discovery: 03/08/2021 Spill Type: Historical Release

**Spill/Release Point Location:**

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

Latitude: 40.342491 Longitude: -104.742082

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

**Reference Location:**

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_  
 Spill/Release Point Name: Werning 7-2 Wellhead  Well API No. (Only if the reference facility is well) 05-123-22019  
 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: 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):

Historical impacts were discovered during wellhead facility closure at the Werning 7-2 location. An environmental site assessment will be scheduled to delineate impacted media.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/8/2021	COGCC	Nikki Graber	-	Emailed verification
3/8/2021	Weld County	Jason Maxey	-	Emailed verification
3/8/2021	Noble Land	Landowner	-	Notified 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:	03/09/2021		
<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<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 type="checkbox"/> Soil <input checked="" 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 to delineate impacted media.				
Soil/Geology Description:				
Clay				

Depth to Groundwater (feet BGS) 5 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 60 None   
 Wetlands 350 None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building 706 None

Additional Spill Details Not Provided Above:

NA

**CORRECTIVE ACTIONS**

#1 Supplemental Report Date: 03/09/2021  
 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:  
Wellhead area  
 Describe Incident & Root Cause (include specific equipment and point of failure)  
Historical impacts were discovered during cut and cap operations for wellhead closure.  
 Describe measures taken to prevent the problem(s) from reoccurring:  
Noble conducts routine AVO inspections of all oil and gas facilities.  
 Volume of Soil Excavated (cubic yards): 0  
 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: 03/09/2021 Email: jacob.evans@chevron.com

<u>COA Type</u>	<u>Description</u>

## Attachment List

**Att Doc Num**

**Name**

402623184

OTHER

Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)