

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:

402659296

Date Received:

04/15/2021

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

479772

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: NOBLE ENERGY INC	Operator No: 100322	<b>Phone Numbers</b>
Address: 1001 NOBLE ENERGY WAY		Phone: (970) 3045329
City: HOUSTON State: TX Zip: 77070		Mobile: ( )
Contact Person: Jacob Evans		Email: jacob.evans@chevron.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402654559

Initial Report Date: 04/10/2021 Date of Discovery: 04/09/2021 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NWNW SEC 13 TWP 7N RNG 64W MERIDIAN 6

Latitude: 40.578295 Longitude: -104.506153

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 464928

Spill/Release Point Name: Pappenheim USX AB13-99HZ  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: NON-CROP LAND Other(Specify):

Weather Condition: 30's overcast

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):

Upon receipt of laboratory analytical there was an unintentional historical release at the Pappenheim USX AB13-99HZ. The location has been dismantled. Soil samples were above COGCC groundwater protection standard for 1-methylnaphthalene and 2-methylnaphthalene. Excavation will be scheduled.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/9/2021	COGCC	Rick Allison	-	
4/9/2021	Weld County	Jason Maxey	-	
4/9/2021	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:	04/15/2021		
<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 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):	100	Width of Impact (feet): 18
		Depth of Impact (feet BGS):	5	Depth of Impact (inches BGS): 0
How was extent determined?				
The extent of impacts was determined through laboratory confirmation sampling.				
Soil/Geology Description:				
Silty sand				

Depth to Groundwater (feet BGS) 103 Number Water Wells within 1/2 mile radius: 3  
 If less than 1 mile, distance in feet to nearest Water Well 1745 None  Surface Water 4594 None   
 Wetlands 4671 None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building 2500 None

Additional Spill Details Not Provided Above:

NA

**CORRECTIVE ACTIONS**

#1 Supplemental Report Date: 04/15/2021

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:

Tank Battery Area

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

Historical impacts were discovered during tank battery 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: 17129

**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: 04/15/2021 Email: jacob.evans@chevron.com

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

## Attachment List

**Att Doc Num**      **Name**

--	--

Total Attach: 0 Files

## General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)