

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: <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>
Contact Person: <u>Jacob Evans</u>		Mobile: <u>()</u>
		Email: <u>jacob.evans@chevron.com</u>

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 6Latitude: 40.578295 Longitude: -104.506153Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☒ Facility/Location ID No 464928Spill/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): UnknownEstimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 30's overcastSurface 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		
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) <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): _____	
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

Condition of Approval

COA Type**Description**

0 COA	

Attachment List

Att Doc Num**Name**

402659296	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402665175	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group**Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)