

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:

400738091

Date Received:

11/21/2014

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

439952

### 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> | <b>Phone Numbers</b>                    |
| Address: <u>1625 BROADWAY STE 2200</u>                 |                            | Phone: <u>(720) 5872026</u>             |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |                            | Mobile: <u>( )</u>                      |
| Contact Person: <u>Jacob Evans</u>                     |                            | Email: <u>jevans@nobleenergyinc.com</u> |

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400733765

Initial Report Date: 11/18/2014 Date of Discovery: 11/17/2014 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 7 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.322100 Longitude: -104.820400

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

#### Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 311394

Spill/Release Point Name: \_\_\_\_\_  No Existing Facility or Location ID No.

Number: \_\_\_\_\_  Well API No. (Only if the reference facility is well) 05- -

#### 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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: 10 sunny

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 water vault removal, it was noted that a leak occurred at the base of the vault. Groundwater was encountered and was above COGCC Table 910-1 standards. All production equipment was shut in and a groundwater assessment will be scheduled.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| Date       | Agency/Party | Contact     | Phone | Response |
|------------|--------------|-------------|-------|----------|
| 11/17/2014 | Noble Land   | Landowner   | -     |          |
| 11/17/2014 | COGCC        | Bob Chesson | -     |          |
| 11/17/2014 | Weld Co      |             | -     |          |

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/21/2014

| FLUIDS          | BBL's SPILLED | BBL's RECOVERED | Unknown                             |
|-----------------|---------------|-----------------|-------------------------------------|
| OIL             | 0             | 0               | <input type="checkbox"/>            |
| CONDENSATE      | 0             | 0               | <input 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 determined through a groundwater assessment.

Soil/Geology Description:

sand with small cobbles

Depth to Groundwater (feet BGS) 6 Number Water Wells within 1/2 mile radius: 6

If less than 1 mile, distance in feet to nearest

|            |            |  |                   |             |  |
|------------|------------|--|-------------------|-------------|--|
| Water Well | <u>790</u> | None <input type="checkbox"/>            | Surface Water     | <u>1835</u> | None <input type="checkbox"/>            |
| Wetlands   |            | None <input checked="" type="checkbox"/> | Springs           |             | None <input checked="" type="checkbox"/> |
| Livestock  |            | None <input checked="" type="checkbox"/> | Occupied Building | <u>1625</u> | None <input type="checkbox"/>            |

Additional Spill Details Not Provided Above:

No additional spill details

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/21/2014

Cause of Spill (Check all that apply)  Human Error  Equipment Failure  Historical-Unknown  
 Other (specify) \_\_\_\_\_

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

An integrity test was performed on the water vault which indicated a leak had developed

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

Replace water vault

Volume of Soil Excavated (cubic yards): \_\_\_\_\_

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): \_\_\_\_\_

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

## 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: 2313833

## 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: 11/21/2014 Email: jevans@nobleenergyinc.com

## Condition of Approval

### COA Type

### Description

0 COA

## Attachment List

### Att Doc Num

### Name

|           |                                    |
|-----------|------------------------------------|
| 400738091 | SPILL/RELEASE REPORT(SUPPLEMENTAL) |
| 400739060 | FORM 19 SUBMITTED                  |

Total Attach: 2 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)