

State of Colorado  
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403999221

Date Received:

11/22/2024

Spill report taken by:

Ahmadian, Alexander

Spill/Release Point ID:

488563

### 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 ECMC Rule 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

#### OPERATOR INFORMATION

Name of Operator: <u>NOBLE ENERGY INC</u>	Operator No: <u>100322</u>	<b>Phone Numbers</b>
Address: <u>1099 18TH STREET SUITE 1500</u>		Phone: <u>(970) 730-7281</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>( )</u>
Contact Person: <u>Dan Peterson</u>		Email: <u>danpeterson@chevron.com</u>

Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 403999221

Initial Report Date: 11/19/2024 Date of Discovery: 11/17/2024 Spill Type: Recent Spill

##### Spill/Release Point Location:

QTRQTR NESE SEC 10 TWP 2N RNG 64W MERIDIAN 6

Latitude: 40.152059 Longitude: -104.542241

Municipality (if within municipal boundaries): No County: WELD

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Check this box if this spill/release is related to a loss of integrity of a flowline, pipeline, crude oil transfer line, or produced water transfer line.

##### Reference Location:

Facility Type: OIL AND GAS LOCATION  Facility/Location ID No 434482

Spill/Release Point Name: Oscar SW Facility  Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=1 and <5

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: \_\_\_\_\_

Has the subject Spill/Release been controlled at the time of reporting? Yes

**Land Use:**

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: 40s, Sunny

Surface Owner: FEE

Other(Specify): \_\_\_\_\_

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

A reportable release occurred on 11/17/24 at the Oscar SW Facility. Approximately 5.61 BBL of crude oil/produced water mix was released outside of containment from a failed Kimray valve on a bulk separator. The release is controlled and clean up and repair operations are underway - all standing fluid has been removed and properly disposed of as of 11/17/2024. A site investigation was conducted and a waste characterization sample was collected on 11/18/2024.

**List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/17/2024	Noble Land	Landowner	--	Verbal Notice
11/17/2024	Weld County	Brett Cavanagh	--	Email
11/17/2024	Weld County	David Burns	--	Email
11/17/2024	ECMC	Alex Ahmadian	--	Email

**REPORT CRITERIA**

**Rule 912.b.(1) Report to the Director (select all criteria that apply):**

No Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: \_\_\_\_\_ Public Water System: \_\_\_\_\_

Residence or Occupied Structure: \_\_\_\_\_ Livestock: \_\_\_\_\_

Wildlife: \_\_\_\_\_ Publicly-Maintained Road: \_\_\_\_\_

Yes Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery \_\_\_\_\_ (HH:MM)

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? \_\_\_\_\_

Enter the Document Number of the Initial Accident Report, Form 22 \_\_\_\_\_

Was there damage during excavation? \_\_\_\_\_

Was CO 811 notified prior to excavation? \_\_\_\_\_

No Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): \_\_\_\_\_



No additional spill details.

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/19/2024

Root Cause of Spill/Release Corrosion

Other (specify)

Type of Equipment at Point of Spill/Release: Other

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

Kimray valve on bulk separator

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

On 11/17/2024, a hole formed in the underside of the Kimray valve on a bulk separator at the Oscar SW Facility due to microbial induced corrosion.

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

Upon discovery, the facility was shut in and all infrastructure was inspected for signs of corrosion. The corroded Kimray valve will be replaced with a heavy-duty material rated for higher pressures and better equipped to withstand corrosion than the previously installed valve. Regular preventative inspections shall also continue to be conducted in effort to prevent this issue from reoccurring.

Volume of Soil Excavated (cubic yards): 2

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, check all that apply)

Horizontal and Vertical extents of impacts have been delineated.

Documentation of compliance with Table 915-1 is attached.

All E&P Waste has been properly treated or disposed.

Work proceeding under an approved Form 27 (Rule 912.c).

Form 27 Remediation Project No: \_\_\_\_\_

SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

## 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: Michelle Bartoszek

Title: HSE Advisor Date: 11/22/2024 Email: michelle.bartoszek@chevron.com

**COA Type****Description**

	Pursuant to Rule 912.b.(6) Operator is required to submit a Form 19 Supplemental Report for the associated spill within 90 days of the spill date requesting closure pursuant to Rule 913.h and supported by adequate documentation to demonstrate that the Spill or Release has been fully cleaned up and complies with Table 915-1; or A Form 27 if any of the criteria listed in Rules 912.b.(6).B.i-iii apply. If Remediation will continue under an approved Form 27, the Operator will also submit a Form 19 – Supplemental which requests closure of the Spill or Release and includes the Remediation project number assigned by the Director.
1 COA	

**ATTACHMENT LIST****Att Doc Num****Name**

403999221	FORM 19 SUBMITTED
403999311	INITIAL MITIGATION

Total Attach: 2 Files

**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)