

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:

403077497

Date Received:

06/13/2022

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

482353

### 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 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>2001 16TH STREET SUITE 900</u>		Phone: <u>(715) 562-0251</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# 403077497

Initial Report Date: 06/13/2022 Date of Discovery: 06/13/2022 Spill Type: Historical Release

##### Spill/Release Point Location:

QTRQTR SWSW SEC 1 TWP 3N RNG 64W MERIDIAN 6

Latitude: 40.246755 Longitude: -104.503572

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.

##### Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 330438

Spill/Release Point Name: HSR Guttersen T3N-R64W-S1  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): 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: \_\_\_\_\_

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: 54 and 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):

Laboratory analytical indicates a historical release occurred at the HSR Gutteresen T3N-R64W-S1 decommissioned tank battery. Two soil samples exceeded COGCC standards for 1-methylnaphthalene, 2-methylnaphthalene, and naphthalene.

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

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/13/2022	CPW	Brandon Marette	-	
6/13/2022	COGCC	Bob Chesson	-	
6/13/2022	Weld County	Jason Maxey	-	
6/13/2022	Noble Land	Landowner	-	

### 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: \_\_\_\_\_

No  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 Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

The presence of free product or hydrocarbon sheen Surface Water

The presence of free product or hydrocarbon sheen on Groundwater

The presence of contaminated soil in contact with Groundwater

The presence of contaminated soil in contact with Surface water

Yes Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylight from the subsurface.

No Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.

Areas offsite of Oil & Gas Location  Off-Location Flowline right of way

No Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.

No Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 06/13/2022

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	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 5 Width of Impact (feet): 5

Depth of Impact (feet BGS): 3 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

The extent of impacts will be determined through an environmental site assessment. Site assessment activities will be submitted on a supplemental form 27 once all laboratory analytical is received.

Soil/Geology Description:

Clayey sand

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well <u>2125</u> None <input type="checkbox"/>	Surface Water <u>2110</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 _____ None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

No additional spill details.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/13/2022

Root Cause of Spill/Release Unknown (Historical)

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Horizontal Separator

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

\_\_\_\_\_

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

Historical impacts were discovered during tank battery decommissioning activities.

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, 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: 22528
  - 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: Kilian Collins

Title: Environmental Consultant Date: 06/13/2022 Email: kcollins@tasman-geo.com

## Condition of Approval

**COA Type****Description**

<b>COA Type</b>	<b>Description</b>
0 COA	

### Attachment List

**Att Doc Num****Name**

403077497	SPILL/RELEASE REPORT(I/S)
403077512	OTHER
403078370	FORM 19 SUBMITTED

Total Attach: 3 Files

### General Comments

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

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

Total: 0 comment(s)