

State of Colorado
Energy & Carbon Management Commission



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Document Number:

404346752

Date Received:

09/09/2025

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (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>	Phone Numbers
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# 404244652

Initial Report Date: 06/17/2025 Date of Discovery: 06/16/2025 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NENE SEC 15 TWP 6N RNG 64W MERIDIAN 6

Latitude: 40.492451 Longitude: -104.527179

Municipality (if within municipal boundaries): 6N 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: TANK BATTERY Facility/Location ID No 481565

Spill/Release Point Name: NENE 15-6N-64W Speicher 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: CROP LAND _____

Other(Specify): _____

Weather Condition: Sunny, 80s _____

Surface Owner: FEE _____

Other(Specify): _____

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: 09/09/2025

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): 8 Width of Impact (feet): 4

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. A remedial site plan has been submitted on a supplemental form 27, document number: 404243565. The impacted soil will be remediated per the supplemental form 27, document number: 404243565.

Soil/Geology Description:

SW – Well Graded Sand

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well	<u>804</u>	None <input type="checkbox"/>	Surface Water	<u>85</u>	None <input type="checkbox"/>
Wetlands	<u>50</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>150</u>	None <input type="checkbox"/>	Occupied Building	<u>490</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The impacted soil will be remediated per the supplemental form 27, document number: 404243565.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/09/2025

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)

The potential presence of impacted material(s) was identified during tank battery decommissioning activities at the separator along the flowline riser. The volume of potentially impacted material(s) is not currently known. Due to the historical nature of the release, an exact cause was not able to be identified.

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

Noble conducts routine AVO inspections of all oil and gas facilities in order to identify and mitigate potential releases. Further, this facility is no longer active and is in the process of being decommissioned. The separator along the flowline riser has been taken out of service, and there is no longer a possibility of a release originating from this infrastructure.

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: 39119

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

OPERATOR COMMENTS:

A supplemental Form 27 has been submitted for remediation project number 39119 detailing the remedial site plan, document number: 404243565.

No attachments were included since final lab data and a final data packet was in the form 19 I/S: document number, 404244652.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Thomas Echtermeyer

Title: HSE Advisor Date: 09/09/2025 Email: thomas.echtermeyer@chevron.com

COA Type**Description**

COA Type	Description
0 COA	

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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

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

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

Total: 0 comment(s)