

State of Colorado
Energy & Carbon Management Commission

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Document Number:

404556524

Date Received:

02/25/2026

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

492850

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: NOBLE ENERGY INC	Operator No: 100322	Phone Numbers
Address: 1099 18TH STREET SUITE 1500		Phone: (970) 304-5000
City: DENVER State: CO Zip: 80202		Mobile: ()
Contact Person: Dan Peterson		Email: arcof19@chevron.com

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# 404510259

Initial Report Date: 01/17/2026 Date of Discovery: 01/15/2026 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SENW SEC 35 TWP 7N RNG 64W MERIDIAN 6

Latitude: 40.533513 Longitude: -104.518961

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: FLOWLINE SYSTEM Facility/Location ID No _____
 Spill/Release Point Name: LANG-USX AB 35-6 FL01-04 Well API No. (Only if the reference facility is well) 05-123-24546
 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: 63 Degrees F, Windy _____

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: 02/24/2026

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): 10 Width of Impact (feet): 10

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: 404533933. The impacted soil will be remediated per the supplemental form 27, document number: 404533933.

Soil/Geology Description:

ML- Silt

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>1214</u>	None <input type="checkbox"/>	Surface Water	<u>200</u>	None <input type="checkbox"/>
Wetlands	<u>1960</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>2500</u>	None <input type="checkbox"/>	Occupied Building	<u>1022</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

The impacted soil will be remediated per the supplemental form 27, document number: 404533933.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/24/2026

Root Cause of Spill/Release Unknown (Historical)

Other (specify) _____

Type of Equipment at Point of Spill/Release: Wellhead Line

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

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

Historical impacts were discovered during flowline decommissioning activities along the flowline where the PID was the highest. 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 flowlines in order to identify and mitigate potential releases. Further, this flowline is no longer active and is in the process of being decommissioned. The flowline 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: 38203
 - 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 38203 detailing the remedial site plan, document number: 404533933.

In addition to the release at FL01-04, the following releases are all located on the same LANG-USX AB 35-6 flowline but are not in the same excavation:

-FL01-07, doc. #404510266
-FS01, doc. #404478134

No attachments were included since final lab data and a final data packet was in the form 19 I/S: document number, 404510259.

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: 02/25/2026 Email: thomas.echtermeyer@chevron.com

<u>COA Type</u>	<u>Description</u>
0 COA	

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404556524	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)