

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400923046

Date Received:

10/22/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

443488

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: EXTRACTION OIL & GAS LLC Operator No: 10459 Phone Numbers: (720) 481-2372 Address: 370 17TH STREET SUITE 5300 City: DENVER State: CO Zip: 80202 Contact Person: Josh Carlisle Email: jcarlisle@extractionog.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400911039

Initial Report Date: 10/05/2015 Date of Discovery: 10/01/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 25 TWP 5N RNG 69W MERIDIAN 6

Latitude: 40.366521 Longitude: -105.059362

Municipality (if within municipal boundaries): County: LARIMER

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No No Existing Facility or Location ID No 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): Unknown Estimated Condensate Spill Volume(bbl): 0 Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0 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: Dry

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 removal of a separator from the Skaer #3 tanks battery stained soils were observed. It is unknown the cause of the duration of the release. The separator has been removed from the location. A form 27 will be filed shortly to indicate the project plans and sampling results.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	10/27/2015		
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	_____ 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?	YES		Was an Emergency Pit constructed?	NO
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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)	<input checked="" type="checkbox"/> Soil	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Dry Drainage Feature
Surface Area Impacted:	Length of Impact (feet):	69	Width of Impact (feet):	35
	Depth of Impact (feet BGS):	17	Depth of Impact (inches BGS):	_____
How was extent determined?	_____			
Extent was determined via visual/olfactory observations and PID measurements. Laboratory data will be used to confirm field screening.				
Soil/Geology Description:				
Sandy loam.				
Depth to Groundwater (feet BGS)	17	Number Water Wells within 1/2 mile radius:	0	
If less than 1 mile, distance in feet to nearest	Water Well	1171	None	<input type="checkbox"/>
	Wetlands	_____	None	<input checked="" type="checkbox"/>
	Livestock	_____	None	<input checked="" type="checkbox"/>
	Surface Water	950	None	<input type="checkbox"/>
	Springs	_____	None	<input checked="" type="checkbox"/>
	Occupied Building	466	None	<input type="checkbox"/>
Additional Spill Details Not Provided Above:				

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: _____

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Josh Carlisle

Title: Environmental Supervisor Date: 10/22/2015 Email: jcarlisle@extractionog.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400923098	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)