

**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:

400951856

Date Received:

12/11/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

444780

## SPILL/RELEASE REPORT (INITIAL)

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400951856

Initial Report Date: 12/10/2015      Date of Discovery: 12/09/2015      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 1 TWP 1S RNG 69W MERIDIAN 6Latitude: 39.998412 Longitude: -105.056779Municipality (if within municipal boundaries): \_\_\_\_\_ County: BOULDER

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 335728☐ 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): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

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

Weather Condition: Cloudy, 60'sSurface 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 annual flowline testing a flowline leak was discovered at the FCR MD 61S69W1NENE location. Excavation and repair activities commenced and hydrocarbon impacted soil was encountered in the excavation. Groundwater was not encountered in the excavation. Soil samples were collected from the the excavation area and test pits around the excavation and submitted for laboratory analysis of benzene, toluene, ethlybenzene and total xylenes (BTEX) by USEPA Method 8260 and total petroleum hydrocarbons (TPH) by USEPA Method 8015. Site assessment activities are ongoing at this location.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/10/2015	Boulder County	LGD	-email	
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**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: 12/11/2015 Email: jcarlisle@extractionog.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400951856	FORM 19 SUBMITTED
400952220	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)