

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:

400999626

Date Received:

03/17/2016

Spill report taken by:

Spill/Release Point ID:

445130

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: <u>8 NORTH LLC</u>	Operator No: <u>10575</u>	Phone Numbers
Address: <u>370 17TH STREET SUITE 5300</u>		Phone: <u>(720) 481-2372</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(720) 481-2372</u>
Contact Person: <u>Josh Carlisle</u>		Email: <u>jcarlisle@extractionog.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400995581

Initial Report Date: 02/25/2016 Date of Discovery: 02/23/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 14 TWP 1S RNG 69W MERIDIAN 6

Latitude: 39.963148 Longitude: -105.078318

Municipality (if within municipal boundaries): _____ County: BOULDER

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 321416
 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): 0 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: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 40's, Sunny, windy

Surface Owner: OTHER (SPECIFY) Other(Specify): Boulder County

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 routine maintenance a flowline leak was identified and upon excavation and repair hydrocarbon impacted soils were discovered. Impacts are limited to soils. No groundwater was encountered in the excavation. Further investigation will be completed to delineate the extent of impacted material, including excavation and soil sampling.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/22/2016	Boulder County Parks and Open	Mindy Carson Hatcher	303-678-6025	Phone call. Met on site on the 23rd and discussed remediation plans.
2/22/2016	Boulder County	Patrick Murphy	720-887-2278	Phone call. Met on site on the 23rd and discussed remediation plans.

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 03/03/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>
PRODUCED WATER	<u> </u>	<u> </u>	<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? YES 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): 70 Width of Impact (feet): 40

Depth of Impact (feet BGS): 14 Depth of Impact (inches BGS):

How was extent determined?

On February 23, 2016, a flowline leak was discovered during a routine site visit at the Brereton MD 61S69W14NWSE location. Approximately 500 cubic yards of impacted soil were excavated and transported to the Buffalo Ridge Landfill in Keenesburg, Colorado. Groundwater was not encountered in the excavation. Soil samples were collected from the sidewalls and base of the excavation area and submitted to Summit Scientific Laboratory in Golden, Colorado for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) and total petroleum hydrocarbons (TPH) - gasoline range organics (GRO) by USEPA Method 8260, TPH - diesel range organics (DRO) by USEPA Method 8015. Laboratory results indicate that constituent concentrations in the soil samples in the final extent of the excavation were below the applicable COGGC Table 910-1 standards. Soil analytical results are summarized in Table 1. Final excavation extent and soil sample locations are illustrated on Figure 1. Laboratory analytical reports are included as Attachment A. Based on the soil analytical data, 8 North is requesting a no further action determination (NFA) for this release.

Soil/Geology Description:

Sandy Clay

Depth to Groundwater (feet BGS) 250 Number Water Wells within 1/2 mile radius: 9

If less than 1 mile, distance in feet to nearest

Water Well	<u>1270</u>	None <input type="checkbox"/>	Surface Water	<u>1900</u>	None <input type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u> </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u>1550</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Empty box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/16/2016

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

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

The flowline from the Brereton 14-1 wellhead failed at the riser to the separator due to external corrosion.

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

The Brereton 14-1 flowline was repaired and pressure tested. Additionally, the Brereton 14-8J flowline and dumpline from the separator was pressure tested. All lines passed the pressure tests and were witnessed by a representative of Boulder County. All pressure test data was submitted to the COGCC under separate correspondence.

Volume of Soil Excavated (cubic yards): 500

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)
 Work proceeding under an approved Form 27
 Form 27 Remediation Project No: _____

OPERATOR COMMENTS:

Local depth to groundwater is unknown due to a lack of public data for the water wells within 1/2 mile of the release.

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: 03/17/2016 Email: jcarlisle@extractionog.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400999707	ANALYTICAL RESULTS
400999708	ANALYTICAL RESULTS
401000703	SITE MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)