

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:

401173534

Date Received:

12/25/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

448852

## SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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> Phone: <u>(720) 481-2362</u> Mobile: <u>( )</u> Email: <u>bford@extractionog.com</u>
Address: <u>370 17TH STREET SUITE 5300</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Blake Ford</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401173534

Initial Report Date: 12/25/2016 Date of Discovery: 12/25/2016 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 8 TWP 6N RNG 65W MERIDIAN 6

Latitude: 40.502918 Longitude: -104.688083

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 443758  
☐ 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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >=5 and <100

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: Cloudy

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):

After pulling an oil load off Extraction's Janssen 8-G tank battery, the driver forgot to disconnect his hose and drove off causing a spill of approximately 10 bbls. A crew was immediately dispatched to the site to clean up the spill.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/25/2016	Weld County	Gracie Marquez	-	Email, no response.
12/25/2016	Weld County	Troy Swain	-	Email, no response.

**OPERATOR COMMENTS:**

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

Signed: \_\_\_\_\_ Print Name: Blake Ford

Title: Environmental Coordinator Date: 12/25/2016 Email: bford@extractionog.com

**COA Type**

**Description**

	<p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator.</p> <p>The Supplemental Spill Report for this release is due by January 4, 2017.</p>
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**Attachment Check List**

**Att Doc Num**

**Name**

401173534	FORM 19 SUBMITTED
401173535	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)