

State of Colorado
Oil and Gas Conservation Commission

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 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401182149

Date Received:

01/11/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

448852

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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 & GAS LLC</u>	Operator No: <u>10459</u>	Phone Numbers
Address: <u>370 17TH STREET SUITE 5300</u>		Phone: <u>(720) 481-2362</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Blake Ford</u>		Mobile: <u>()</u>
		Email: <u>bford@extractionog.com</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 SE W SEC 8 TWP 6 N RNG 65 W 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

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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/11/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	6	6	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input 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? 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): 900 Width of Impact (feet): 12

Depth of Impact (feet BGS): 12 Depth of Impact (inches BGS): _____

How was extent determined?

All soil impacts were localized within the driving area. Impacted soil was scraped and hauled to a registered landfill for disposal. Soil samples along the spill path were collected and met COGCC soil standards. New road base was applied to driving surface.

Soil/Geology Description:

Otero Sandy loam, 3-5% slope.

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 12

If less than 1 mile, distance in feet to nearest

Water Well	<u>266</u>	None <input type="checkbox"/>	Surface Water	<u> </u>	None <input checked="" 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> </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

After comparing oil volumes within the truck it was determined that the amount released was less than the previously reported 10 bbls and should now be reported as a 6.25 bbl release.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	01/11/2017
Cause of Spill (Check all that apply)		
<input checked="" type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
<div>Human error-not following company procedure.</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div>Meetings between Extraction and the oil hauling company were held and procedures were reviewed for thoroughness. The oil hauler identified that an extra step should be added to their process and will now place cones around the trucks as they step out and removed as a last step to ensure all procedures have been followed.</div>		
Volume of Soil Excavated (cubic yards): _____		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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:

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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: Blake Ford

Title: Environmental Coordinator Date: 01/11/2017 Email: bford@extractionog.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401182149	FORM 19 SUBMITTED
401182237	ANALYTICAL RESULTS
401182238	SITE MAP

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)