

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:

401242255

Date Received:

03/24/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

449708

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>(970) 778-5956</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# 401231103

Initial Report Date: 03/12/2017 Date of Discovery: 03/11/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 5 TWP 6N RNG 67W MERIDIAN 6Latitude: 40.516397 Longitude: -104.914525Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 448213☐ 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): 0Estimated Flow Back Fluid Spill Volume(bbl): >=1 and <5Estimated 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: CROP LAND

Other(Specify): _____

Weather Condition: Night, cool.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):

A forklift operator attempted to move a return tote filled with grease and wellbore fluids without a spotter. The forks on the forklift were positioned too high and punctured a hole in the tote, resulting in a spill of approximately 100 gallons onto the ground. Oil absorbent material was placed around the spill and a vac truck was immediately called to the site.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/12/2017	Landowner	NA	-	NA
3/12/2017	Town of Windsor	NA	-	email
3/12/2017	Weld CO	Gracie Marquez	-	email
3/12/2017	Weld OC	Troy Swain	-	email

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/24/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<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	2		<input checked="" type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<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): <u>15</u>		Width of Impact (feet): <u>15</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
A backhoe scrapped the impacted soil until visual and olfactory evidence suggested extents had been reached.			
Soil/Geology Description:			
Wellpad roadbase.			
Depth to Groundwater (feet BGS) <u>15</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>1460</u> None <input type="checkbox"/>	Surface Water _____ None <input checked="" type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>860</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

Initial cleanup and subsequent soil samples indicate additional work must be performed to meet COGCC standards. A follow-up supplemental form will be submitted once confirmation samples have been collected that verify COGCC compliance.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 03/24/2017
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) Forklift operator did not line up properly with the forks and punched a hole in the tote.	
Describe measures taken to prevent the problem(s) from reoccurring: The drilling company will have spotters present during all forklift activity.	
Volume of Soil Excavated (cubic yards): 10	
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:

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: 03/24/2017 Email: bford@extractionog.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

401242255	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401242262	ANALYTICAL RESULTS
401244760	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)