

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401245884

Date Received:

03/29/2017

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 Phone: <u>(970) 778-5956</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# 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 6

Latitude: 40.516397 Longitude: -104.914525

Municipality (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): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): >=1 and <5

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: 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: 03/29/2017		
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	2	<input 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, olfactory, and analytical 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 indicated that additional work was needed to meet COGCC standards. An additional excavation was performed and a confirmation soil sample was collected that confirmed cleanup standards within COGCC standards.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/29/2017

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)

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): 12

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:

After an additional excavation was performed, confirmation soil samples indicated that soil was COGCC compliant. NFA is requested.

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: 03/29/2017 Email: bford@extractionog.com

COA Type

Description

Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401245884	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401245885	OTHER
401245886	ANALYTICAL RESULTS
401246723	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)