

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401288299

Date Received:

05/19/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

450596

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>		Mobile: <u>()</u>
Contact Person: <u>Blake Ford</u>		Email: <u>bford@ExtractionOG.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401280933

Initial Report Date: 05/11/2017 Date of Discovery: 05/10/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 20 TWP 5N RNG 65W MERIDIAN 6

Latitude: 40.390809 Longitude: -104.681910

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 332837
 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? No

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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): well pad working surface

Weather Condition: clear

Surface Owner: FEE Other(Specify): private landowner

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):

Greeley Directional (Location ID: 332837), GP-JEvans #2-19-19 (Facility ID: 439090), GP-Dairy #1-20-19 (Facility ID:439134) Produced Water Release (Unknown Volume) Flowline (Comingled Water Dump Line) - During a normal check of tank fluid levels in the afternoon of May 10, 2017, the Lease Operator observed lower than expected fluid volumes. In response, the Operator initiated pressure tests on the dump lines between the separators and production tanks. The test failed on a comingled water dump line off of the Dairy and Evans wells. The Operator notified his supervisor and Extraction's Environmental Department, and shut-in the wells associated with the failed line. An onsite investigation to identify the location of the failed line was initiated the next morning (May 11, 2017). The volume released and vertical and horizontal extent of impacts is still unknown. This information will be provided in subsequent form submittals.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	05/19/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER			<input checked="" 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? <u>YES</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): _____		Width of Impact (feet): _____		
Depth of Impact (feet BGS): <u>7</u>		Depth of Impact (inches BGS): _____		
How was extent determined?				
Following excavation efforts to identify the location of the failed comingled flowline (water dump line), a soil sample was collected two feet below the point of failure. The sample was field-screened with a photoionization detector and submitted to a laboratory for analysis of constituents of concern (TPH, BTEX, SAR, EC, and pH). Those results were below the method detection limit or within allowable limits, except for a slightly elevated pH result. Due to safety concerns from numerous buried lines in the area, and no evidence of organic constituent impacts, no further investigation has been conducted or scheduled.				
Soil/Geology Description:				
Soil within the excavation consisted of a medium brown sandy loam with little variability to 7.5' feet.				
Depth to Groundwater (feet BGS) <u>20</u>		Number Water Wells within 1/2 mile radius: <u>45</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>0</u> None <input type="checkbox"/>	Surface Water <u>0</u> None <input type="checkbox"/>	
		Wetlands <u>0</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>0</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:				
Laboratory results for the soil sample collected beneath the flowline point of failure were below method detection limits for the analyzed organic constituents of concern (TPH and BTEX), and within allowable limits for the inorganic constituents SAR and EC. The result for pH was slightly elevated at 9.3. However, the soil represented by this sample is below the agronomic zone (>3') and within the well pad working surface, where it will have no effect on revegetation efforts during interim or final reclamation. Based on these results, Extraction requests closure of this incident.				

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/19/2017

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)

Corrosion on 90-degree steel elbow below separator, at tie in to flowline (water dumpline).

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

Replace steel at flowline junction with fused poly, continue annual flowline integrity testing, and reinforce lease operator awareness of potential equipment integrity indicators.

Volume of Soil Excavated (cubic yards): 10

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:

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

Signed: _____ Print Name: Chris Hines
 Title: Project Manager Date: 05/19/2017 Email: chris.hines@apexcos.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401288307	TOPOGRAPHIC MAP
401288316	AERIAL PHOTOGRAPH
401288320	ANALYTICAL RESULTS

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)