

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401418547

Date Received:

10/02/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

452382

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 INC</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# 401411837

Initial Report Date: 09/23/2017 Date of Discovery: 09/23/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 8 TWP 5N RNG 66W MERIDIAN 6Latitude: 40.414730 Longitude: -104.798690Municipality (if within municipal boundaries): Greeley County: WELD

Reference Location:

Facility Type: WELL PAD☐ Facility/Location ID No ☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-123-43748

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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): >=5 and <100Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify:

Land Use:

Current Land Use: NON-CROP LANDOther(Specify): Weather Condition: Cloudy, 55Surface Owner: FEEOther(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):

During completion activities fresh water just pumped downhole leaked out of pipe fitting releasing approximately 10 bbls of water outside of secondary containment. A vacuum truck was immediately dispatched to the site to remove standing fluids.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/24/2017	Weld Co	Troy Swain	-	Email
9/23/2017	Surface Owner	Richmark Real Estate	-	Email
9/24/2017	City of Greeley	Brad Mueller	-	Email
9/25/2017	City of Greeley	Mike Garrott	-	Email
9/25/2017	City of Greeley	Greg Becker	-	Email

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/02/2017		
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	10		<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>20</u>		Width of Impact (feet): <u>40</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Initial areal extent was determined based on surface pooling. The ground surface was scraped, but due to several rain events, the investigation is still pending to determine depth of impact.			
Soil/Geology Description:			
Otero sandy loam (from NRCS database)			
Depth to Groundwater (feet BGS) <u>34</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>1150</u> None <input type="checkbox"/>	Surface Water <u>587</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>987</u> None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/02/2017

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)

The released water was immediately removed with a vac truck and returned to the flowback system. The ground surface was scraped with a blade. A root cause analysis has not been completed at this time. Rainy weather and site activity has delayed characterization of the extent of impacts and corrective actions are pending sample collection and lab analysis.

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

The problem pipe fitting has been isolated from the system.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: Brian Gibson

Title: Environmental Scientist Date: 10/02/2017 Email: brian.gibson@apexcos.com

COA Type

Description

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)