

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401500389

Date Received:

01/02/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

453622

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401495177

Initial Report Date: 12/23/2017 Date of Discovery: 12/22/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 22 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.474523 Longitude: -104.871148

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 444315
 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): Unknown Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): Unknown 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: OTHER Other(Specify): well pad

Weather Condition: cold, clear, 32 degrees

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):

This form is being submitted to document a discharge of freshwater and firefighting foam associated with fire suppression activities at the Stromberger 22-E well pad. The form is also being submitted to document a possible release of E&P fluids during the incident. All discharged fluids were contained on location.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	01/02/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	_____	_____	<input checked="" type="checkbox"/>	
CONDENSATE	_____	_____	<input checked="" 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): <u>0</u>		Width of Impact (feet): <u>0</u>		
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>0</u>		
How was extent determined?				
Due to an ongoing incident investigation by OSHA, Extraction has been unable to characterize potential soil impacts at the location. It is expected that the investigation will be complete in two (2) to three (3) weeks. After conclusion of the investigation, soil samples will be collected and analyzed for Table 910-1 constituents of concern, and results will be provided in a subsequent supplemental Form 19.				
Soil/Geology Description:				
A description of onsite soil/geology will be provided with lab results after conclusion of the OSHA incident investigation.				
Depth to Groundwater (feet BGS) <u>10</u>		Number Water Wells within 1/2 mile radius: <u>10</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>1500</u> None <input type="checkbox"/>	Surface Water <u>2200</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>		Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>2090</u> None <input type="checkbox"/>		Occupied Building <u>1700</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:				
The form was also submitted to document materials applied for fire suppression. Safety Data Sheets (SDS) for those materials are attached to this form.				

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: Chris Hines

Title: Project Manager Date: 01/02/2018 Email: chris.hines@apexc.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401500526	OTHER
401500527	OTHER
401500530	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)