

**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:

401555735

Date Received:

02/26/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

454235

## 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 &amp; GAS INC</u>	Operator No: <u>10459</u>	<b>Phone Numbers</b>
Address: <u>370 17TH STREET SUITE 5300</u>		Phone: <u>(720) 4812362</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# 401548360

Initial Report Date: 02/16/2018      Date of Discovery: 02/16/2018      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 22 TWP 4N RNG 68W MERIDIAN 6Latitude: 40.303971 Longitude: -104.996668Municipality (if within municipal boundaries): Berthoud County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 430441☐ 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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated 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: OTHER Other(Specify): well padWeather Condition: Sunny and cool.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):

While trenching for return gas line installation, impacted soil was encountered. Investigation is ongoing.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/16/2018	Surface Owner		-	verbal notification
2/16/2018	Weld County		-	email notification
2/16/2018	City of Berthoud		-	email notification

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 02/26/2018		
<b>FLUIDS</b>	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>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>46</u>		Width of Impact (feet): <u>33</u>	
Depth of Impact (feet BGS): <u>10</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
The extent of impacts is still under investigation. The dimensions provided are based on the excavation extent at the time of this report. Results of the investigation, including a detailed site diagram and laboratory results will be provided following completion of site investigation activities.			
Soil/Geology Description:			
Onsite soils are clay loam to well sorted sand, interbedded with sandy to coarse gravel.			
Depth to Groundwater (feet BGS) <u>34</u>		Number Water Wells within 1/2 mile radius: <u>4</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>127</u> None <input type="checkbox"/>	Surface Water <u>3557</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs <u>1647</u> None <input type="checkbox"/>	
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1320</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 02/26/2018
Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____	
Describe Incident & Root Cause (include specific equipment and point of failure) <div>While trenching for installation of a return gas line, historical soil impacts were observed in the sidewalls and base of the excavation. Investigation for the cause of the release is still underway and will be provided in a subsequent form submittal.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>Investigation for the cause of the release is still underway and will be provided in a subsequent form submittal with appropriate corrective actions.</div>	
Volume of Soil Excavated (cubic yards): _____	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> 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:

This Form 19 is being submitted to document ongoing site investigation efforts at this site, and to comply with the 10-day deadline for submittal of a supplemental Form 19 following the initial report. Please find attached a topographic location map and site diagram of the location. Results of the investigation, including a detailed site diagram and laboratory results will be provided following completion of site investigation activities.

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: 02/26/2018 Email: chris.hines@apexcos.com

## COA Type

## Description

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## Attachment Check List

Att Doc Num	Name
401555735	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401556299	SITE MAP
401556300	TOPOGRAPHIC MAP
401565863	FORM 19 SUBMITTED

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)