

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:

401567189

Date Received:

05/23/2018

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 & GAS INC</u>	Operator No: <u>10459</u>	Phone Numbers
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 6

Latitude: 40.303971 Longitude: -104.996668

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

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 430441

Spill/Release Point Name: ☐ No Existing Facility or Location ID No.

Number: ☐ 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): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

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: 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

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/08/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" 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	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? YES Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

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) ☐ Soil ☒ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 46 Width of Impact (feet): 33

Depth of Impact (feet BGS): 10 Depth of Impact (inches BGS): _____

How was extent determined?

The extent of the impacts was determined through conventional excavation confirmed with laboratory analysis of soil collected from the extent of the excavation sidewalls. Groundwater was encountered in the excavation and samples were collected and submitted for laboratory analysis to support site characterization and excavation clearance.

Soil/Geology Description:

Onsite soils are clay loam.

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest Water Well 127 None ☐ Surface Water 3557 None ☐

Wetlands _____ None ☒Springs 1647 None ☐Livestock _____ None ☒Occupied Building 1320 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS#1 Supplemental Report Date: 03/08/2018Cause 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)

A worker was connecting a flowline and connected to the wrong line. This resulted in flowing fluids into a buried, uncapped flowline. Fluids were coming from a separator and were supposed to be directed to a production tank.

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

The mistake was noted within a few minutes and the line was shut-in to stop the discharge. The correct flowline was connected to the production tank.

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:

This supplemental report has been prepared to request closure of the incident generated in response to the initial report for this project. Based on the laboratory results provided in this report, successful remediation of soil and groundwater impacts have been achieved at the project site. There is no evidence of environmental impacts remaining associated with this release.

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

Signed: _____ Print Name: Chris HinesTitle: Project Manager Date: 05/23/2018 Email: chris.hines@apexcos.com**COA Type****Description**

--	--

Attachment Check List**Att Doc Num****Name**

401567189	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401650425	OTHER

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)