

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401969631

Date Received:

03/12/2019

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

463376

SPILL/RELEASE REPORT (INITIAL /w 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>		Mobile: <u>()</u>
Contact Person: <u>Blake Ford</u>		Email: <u>bford@ExtractionOG.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401969631

Initial Report Date: 03/12/2019 Date of Discovery: 03/12/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 10 TWP 5N RNG 65W MERIDIAN 6
 Latitude: 40.410332 Longitude: -104.642836
 Municipality (if within municipal boundaries): Unincorporated County: WELD

Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL Facility/Location ID No 448667
 Spill/Release Point Name: Nelson Battery 43-10 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? 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): <u>Unknown</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>>=1 and <5</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: NON-CROP LAND Other(Specify): _____
 Weather Condition: 38 degrees and sunny
 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):

Soil impacts were discovered during the removal of a partially-buried produced-water vessel. Vertical and horizontal definition is being pursued with conventional excavation, and clearance samples will be collected from the bottom and sidewalls of the excavation. In accordance with the submitted Form 27 submitted for this project, collected samples will be field-screened and submitted for laboratory analysis. Please refer to the submitted Form 27, COGCC Document #: 401786956, for further details.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/12/2019	Landowner		-	Phone notification
3/12/2019	Weld County LGD	Jason Maxey	-	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: 03/12/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" 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? NO 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): _____ Width of Impact (feet): _____

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

How was extent determined?

A release was discovered during removal of the partially-buried produced-water vessel. Additional excavations will be conducted in order to determine the extent. Impacted soils will be removed and transported to a disposal facility. Transport and disposal records will be kept on file under usual and customary practice and are available upon request. Soil samples will be collected and analyzed for organic constituents (TPH and BTEX) and inorganics (SAR, EC and pH) until the areal and vertical extents of the excavation were within COGCC Table 910-1 allowable limits. If present, a groundwater sample will be collected and submitted for laboratory analysis to support site characteristics and excavation clearance.

Soil/Geology Description:

Aquolls and Aquents, gravelly substratum.

Depth to Groundwater (feet BGS) 16 Number Water Wells within 1/2 mile radius: 58

If less than 1 mile, distance in feet to nearest	Water Well	<u>478</u>	None	Surface Water	<u>690</u>	None
	Wetlands	<u>493</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
	Livestock	<u>635</u>	None <input type="checkbox"/>	Occupied Building	<u>366</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>03/12/2019</u>
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure
<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Historical-Unknown
Describe Incident & Root Cause (include specific equipment and point of failure)	
While removing the partially-buried produced-water vessel from the tank battery, historical soil impacts were discovered. It appears that equipment failure of the produced-water vessel caused a discharge of fluids, resulting in soil impacts.	
Describe measures taken to prevent the problem(s) from reoccurring:	
The entire site is being decommissioned and will be reclaimed. More details will follow on an f27 submittal pending investigation.	
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: 12245

OPERATOR COMMENTS:

Laboratory results and site investigation details will be provided in the Supplemental Form 27 submitted to document closure of the assigned remediation project. If no additional information is needed in conjunction with this report, please open and close the incident number assigned to this historic release.

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

Signed: _____ Print Name: Maggie Graham

Title: Senior Project Manager Date: 03/12/2019 Email: Maggie.Graham@apexcos.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401969631	SPILL/RELEASE REPORT(I/S)

401969799	SITE MAP
401969801	TOPOGRAPHIC MAP
401977236	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)