

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:

401191696

Date Received:

09/13/2019

Spill report taken by:

Spill/Release Point ID:

449093

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>8 NORTH LLC</u>	Operator No: <u>10575</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>(970) 778-5956</u>
Contact Person: <u>Blake Ford</u>		Email: <u>bford@ExtractionOG.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401185064

Initial Report Date: 01/14/2017 Date of Discovery: 01/13/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 28 TWP 1S RNG 69W MERIDIAN 6

Latitude: 39.936013 Longitude: -105.109967

Municipality (if within municipal boundaries): _____ County: BOULDER

Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL Facility/Location ID No 321405

Spill/Release Point Name: Under Concrete Vault 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): Boulder Open Space

Weather Condition: Cloudy, cold.

Surface Owner: FEE Other(Specify): Boulder CO Open Space

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 removing a partially buried concrete produced water vault, historical suspected impacts were observed. All lateral walls were cleared, samples collected, and submitted for laboratory analysis. The vertical extent will be investigated early next week barring favorable weather. Please refer to the Form 27 submitted prior excavation, COGCC document # 401183958 for further details, topographic and aerial maps.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/13/2017	COGCC	Chris Canfield	303-849-2100	Voicemail, no response.
1/13/2017	Boulder Open Space	Mindy Carson Hatcher	-	In person.
1/13/2017	Boulder CO	Patrick Murphy	-	Email

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: 09/13/2019

FLUIDS	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? NO Was an Emergency Pit constructed? YES

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): 27 Width of Impact (feet): 17

Depth of Impact (feet BGS): 12 Depth of Impact (inches BGS): _____

How was extent determined?

Between the dates of January 15, 2017 and February 6, 2017, excavation was conducted in order to determine the extent of impacts. Impacted soils were removed and transported to a disposal facility. Soil samples were 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.

Soil/Geology Description:

Renohill silty clay loam.

Depth to Groundwater (feet BGS) 350 Number Water Wells within 1/2 mile radius: 5

If less than 1 mile, distance in feet to nearest

Water Well	<u>1500</u>	None <input type="checkbox"/>	Surface Water	<u>460</u>	None <input type="checkbox"/>
Wetlands	<u>860</u>	None <input type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u>3360</u>	None <input type="checkbox"/>	Occupied Building	<u>1120</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>09/13/2019</u>
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input 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 equipment associated with the Varra MD 28-4D location, legacy soil impacts were observed. It appears that equipment failure resulted in a release of fluids and soil impacts.	
Describe measures taken to prevent the problem(s) from reoccurring:	
All equipment has been decommissioned and removed from operation.	
Volume of Soil Excavated (cubic yards): <u>236</u>	
Disposition of Excavated Soil (attach documentation)	
<input checked="" 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: 10033

OPERATOR COMMENTS:

This Form 19 Supplemental is being submitted to request closure for the Spill/Release ID 449093. Remediation at this location was completed and documented under Remediation Number 10033. For a complete description of activities, and analytical results, please see the approved Form 27 Supplemental (Document Number 401332906).

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: 09/13/2019 Email: maggie.graham@apexcos.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402176282	TOPOGRAPHIC MAP
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402176288	SITE MAP
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Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)