

# State of Colorado Oil and Gas Conservation Commission

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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: 8 NORTH LLC	Operator No: 10575	<b>Phone Numbers</b>
Address: 370 17TH STREET SUITE 5300		Phone: (720) 481-2362
City: DENVER	State: CO Zip: 80202	Mobile: (970) 778-5956
Contact Person: Blake Ford		Email: bford@ExtractionOG.com

### 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		
<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? NO Was an Emergency Pit constructed? YES			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<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 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): 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	1500	None	<input type="checkbox"/>	Surface Water	460	None	<input type="checkbox"/>
	Wetlands	860	None	<input type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
	Livestock	3360	None	<input type="checkbox"/>	Occupied Building	1120	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	09/13/2019
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Cause 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)

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): 236

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: 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**

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

Total: 0 comment(s)