

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402211399

Date Received:

10/16/2019

Spill report taken by:

Spill/Release Point ID:

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) 481-2362</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# 402211399

Initial Report Date: 10/16/2019 Date of Discovery: 10/16/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 6 TWP 1n RNG 68w MERIDIAN 6

Latitude: 40.086278 Longitude: -105.048741

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

Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 318721

Spill/Release Point Name: Becky TB 2-6 ☐ 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): Unknown

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 60F 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):

While removing flowlines at the Becky TB 2-6 (Location ID: 318721), legacy suspected soil impacts were observed. Vertical and horizontal definition is being pursued with conventional excavation, and clearance samples will be collected from the base and sidewalls of the excavation. In accordance with the approved Form 27, and COGCC assigned remediation project number 14054, collected samples will be field-screened and submitted for laboratory analysis. Please refer to the Form 27 submitted prior to excavation, COGCC Document #: 402116083, for further details.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/16/2019	Landowner		-	Phone
10/16/2019	Weld County LGD		-	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:	10/16/2019		
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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
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) <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): _____		Width of Impact (feet): _____		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____		
How was extent determined?				
Additional excavations will be conducted in order to determine the extent of impacts. Impacted or potentially impacted soils will be removed and transported to a licensed 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 are 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:				
Sandy clay				
Depth to Groundwater (feet BGS) <u>10</u>		Number Water Wells within 1/2 mile radius: <u>10</u>		

If less than 1 mile, distance in feet to nearest	Water Well	722	None	Surface Water	1410	None
	Wetlands	1410	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
	Livestock		None <input checked="" type="checkbox"/>	Occupied Building	820	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

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: 14054

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 legacy 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: 10/16/2019 Email: Maggie.graham@apexcoss.com

COA Type	Description
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Attachment Check List

Att Doc Num	Name
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402211770	TOPOGRAPHIC MAP
402211774	SITE MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
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		Stamp Upon Approval
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Total: 0 comment(s)