

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:

402214928

Date Received:

10/19/2019

Spill report taken by:

Spill/Release Point ID:

## SPILL/RELEASE REPORT (INITIAL)

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 &amp; GAS INC</u>	Operator No: <u>10459</u>	<b>Phone Numbers</b>
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# 402214928

Initial Report Date: 10/19/2019 Date of Discovery: 10/18/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 30 TWP 5N RNG 66w MERIDIAN 6

Latitude: 40.375874 Longitude: -104.820293

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: WELL ☒ Facility/Location ID No 319347

Spill/Release Point Name: Homyak #1 ☐ 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? Yes

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): 0

Estimated Other E&P Waste Spill Volume(bbl): >=5 and <100

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Well plugging mud

#### Land Use:

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 50F and partly-cloudy

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 circulating mud during plugging and abandonment activities of the wellhead, a valve was left open resulting in a release of approximately 20 barrels of plugging mud around the wellhead and into the adjacent field. Volume of release is preliminary and may be adjusted in subsequent Form submittal. Recovery is being pursued with conventional excavation.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/19/2019	Landowner		-	Phone
10/19/2019	Weld County LGD	Jason Maxey	-	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: \_\_\_\_\_

### OPERATOR COMMENTS:

Site investigation activities and documentation, including lab results, will be provided in a supplemental Form 19 following successful conclusion of remediation.

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: 10/19/2019 Email: Maggie.graham@apexc.com

### COA Type

### Description

--	--

### Attachment Check List

#### Att Doc Num

#### Name

402214932	SITE MAP
402214933	TOPOGRAPHIC MAP

Total Attach: 2 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)