

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402243050

Date Received:

11/19/2019

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

469323

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>AXIS EXPLORATION LLC</u>	Operator No: <u>10646</u>	Phone Numbers
Address: <u>370 17TH ST SUITE 5300</u>		Phone: <u>(423) 956-0813</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>()</u>
Contact Person: <u>Brian Gibson</u>		Email: <u>bgibson@extractionog.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402243050

Initial Report Date: 11/19/2019 Date of Discovery: 11/19/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 21 TWP 4S RNG 62W MERIDIAN 6

Latitude: 39.689630 Longitude: -104.325047

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 441605

Spill/Release Point Name: REEVES 32-21 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: 50's and partly sunny

Surface Owner: FEE Other(Specify): _____

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):

Suspected legacy soil impacts were encountered while removing facility flowlines from the Reeves 32-21 Tank Battery (Facility: 441605). An initial characterization soil sample was collected November 14th, 2019 to determine if suspected impacts were above COGCC Table 910-1 standards. After results confirmed the soil exceeded allowable thresholds, additional excavation was conducted to determine the extent of impacts. Approximately 2 dump truck loads of soil was excavated and hauled to an approved disposal facility. Additional soil samples were collected yesterday, November 18th, and analytical results confirmed impacts are still present at the site in exceedance of COGCC thresholds. At this time, all known impacts are within the facility boundaries. The cleanup is continuing at this time. Ground water will be sampled if it is encountered during the remediation.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/19/2019	Arapahoe County		-	Phone and email
11/19/2019	Landowner		-	Phone

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: 11/19/2019

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?

Excavation activities are on-going and will be summarized in a Form 27 Supplemental upon the completion of the remedial activities. 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 are within COGCC Table 910-1 allowable limits.

Soil/Geology Description:

Nunn-Bresser-Ascalon Complex.

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest Water Well 1400 None Surface Water 2040 None

Wetlands 1020 None

Springs _____ None

Livestock 2710 None

Occupied Building 1100 None

Additional Spill Details Not Provided Above:

Empty rectangular box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/19/2019

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)

Suspected legacy soil impacts were encountered while removing facility flowlines from the Reeves 32-21 Tank Battery (Facility: 441605). It appears that equipment failure of the marked flowline underneath the sample area 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 a supplemental f27 submittal pending investigation.

Volume of Soil Excavated (cubic yards): _____

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: 14354

OPERATOR COMMENTS:

A Topographic Map showing the geographic setting of the release is provided as Figure 1. The general site layout, excavation area, and soil sample locations are depicted on the Excavation Site Map provided as Figure 2. The excavation soil sample analytical results are summarized in Table 1, and the laboratory analytical reports are provided as Attachment A. Additional 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: 11/19/2019 Email: Maggie.graham@apexcos.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402243050	SPILL/RELEASE REPORT(I/S)

402243482	OTHER
402244197	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)