

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402315304

Date Received:

02/18/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

472177

## 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: EXTRACTION OIL &amp; GAS INC

Operator No: 10459

#### Phone Numbers

Address: 370 17TH STREET SUITE 5300

Phone: (970) 576-3464

City: DENVER

State: CO

Zip: 80202

Mobile: ( )

Contact Person: Brian Gibson

Email: bgibson@ExtractionOG.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402315304

Initial Report Date: 02/18/2020

Date of Discovery: 02/18/2020

Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 34 TWP 1S RNG 65W MERIDIAN 6

Latitude: 39.916825 Longitude: -104.655974

Municipality (if within municipal boundaries): County: ADAMS

#### Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL

☒ Facility/Location ID No 319879

Spill/Release Point Name: BOX ELDER M-61S65W 34SWSW

☐ 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): Unknown

Estimated Other E&amp;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: 30 degrees 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 a partially-buried produced-water vessel at the BOX ELDER M-61S65W 34SWSW "Box Elder M1" (319879), legacy suspected soil impacts were observed. The release became State reportable on Feb 18, 2020, due to the quantity of impacted soils excavated. Vertical and horizontal definition is being pursued with conventional excavation, and clearance samples will be collected from the bottom and sidewalls of the excavation. In accordance with the approved Form 27, and COGCC assigned remediation project number 15101, collected samples were field-screened and submitted for laboratory analysis. Please refer to the Form 27 submitted prior to excavation, COGCC Document #: 402308134, for further details.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/18/2020	Adams County		-	Email
2/18/2020	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: 02/18/2020		
<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
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): _____		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. 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. If present, a groundwater sample will be collected and submitted for laboratory analysis to support site characteristics and excavation clearance.			
Soil/Geology Description:			
Truckton loamy sand			
Depth to Groundwater (feet BGS) 11		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest Water Well 4262		None <input type="checkbox"/> Surface Water _____ None <input checked="" type="checkbox"/>	

None ☐None ☒None ☒None ☐

The checkboxes above within "If less than 1 mile, distance in feet to nearest" for "Wetlands" and "Occupied Building" were not available for "None", so the total distance in feet were included for these designations, despite being over 1 mile.

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/18/2020

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 a partially-buried produced-water vessel, legacy soil impacts were observed in the sidewalls and base of the excavation. It appears that equipment failure in the base or sidewalls of the vessel resulted in a release of fluids and 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: 15101

**OPERATOR COMMENTS:**

Remediation will continue under approved Remediation # 15101. 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 Spill/Release ID 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: 02/18/2020      Email: Maggie.graham@apexcos.com

### COA Type

### Description

## Attachment Check List

Att Doc Num

Name

402315304	SPILL/RELEASE REPORT(I/S)
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402315936	TOPOGRAPHIC MAP
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402315937	SITE MAP
402315938	ANALYTICAL RESULTS
402315940	ANALYTICAL RESULTS
402315973	ANALYTICAL RESULTS
402325091	FORM 19 SUBMITTED

Total Attach: 7 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)