

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:

402367653

Date Received:

04/10/2020

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: AXIS EXPLORATION LLC Operator No: 10646
Address: 370 17TH ST SUITE 5300
City: DENVER State: CO Zip: 80202
Contact Person: Brian Gibson
Phone Numbers
Phone: (970) 5763464
Mobile: ()
Email: bgibson@ExtractionOG.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402367653

Initial Report Date: 04/10/2020 Date of Discovery: 04/09/2020 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SESW SEC 9 TWP 6S RNG 62W MERIDIAN 6

Latitude: 39.535965 Longitude: -104.339332

Municipality (if within municipal boundaries): Unincorporated County: ELBERT

Reference Location:

Facility Type: PARTIALLY-BURIED VESSEL
Facility/Location ID No 470318

Spill/Release Point Name: HSR-WHITEHEAD-66S62W 9SESW
Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

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&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 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 HSR-WHITEHEAD-66S62W 9SESW (Location ID: 470318), 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 15346, collected samples were field-screened and submitted for laboratory analysis. Please refer to the Form 27 submitted prior to excavation, COGCC Document #: 402352769, for further details.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/10/2020	Elbert County	Elbert County LGD	-	Email notification
4/10/2020	Landowner		-	Phone notification

Was there a Grade 1 Gas Leak? Yes No

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes No

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	04/10/2020		
FLUIDS	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>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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. 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:				
Bresser Sandy Loam				

Depth to Groundwater (feet BGS) 60 Number Water Wells within 1/2 mile radius: 1
 If less than 1 mile, distance in feet to nearest Water Well 2490 None Surface Water 1400 None
 Wetlands _____ None Springs _____ None
 Livestock 1500 None Occupied Building 2480 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/10/2020

Root Cause of Spill/Release Unknown (Historical)
 Other (specify) _____

Type of Equipment at Point of Spill/Release: Other
 If "Other" selected above, specify or describe here:

Partially-Buried Produced-Water Vessel

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: 15346

OPERATOR COMMENTS:

Remediation will continue under approved Remediation #15346. Laboratory results and site investigation details thus far are attached. Further 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: 04/10/2020 Email: Maggie.Graham@apexcos.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402368131

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)