

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402367653

Date Received:

04/10/2020

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

475253

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>(970) 5763464</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Brian Gibson</u>		Mobile: <u>()</u>
		Email: <u>bgibson@ExtractionOG.com</u>

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? 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) <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			

Number Water Wells within 1/2 mile radius: 1

Water Well	2490	None	<input type="checkbox"/>
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Surface Water	1400	None	<input type="checkbox"/>
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None ☒

Occupied Building 2480 None ☐

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	04/10/2020
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Root Cause of Spill/Release	Unknown (Historical)
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Other (specify) _____

Type of Equipment at Point of Spill/Release: Other

If "Other" selected above, specify or describe here:

Partially-Buried Produced-Water Vessel
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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)	<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment

☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls):

Volume of Impacted Surface Water Removed (bbbs):

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@apexc.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402367653	SPILL/RELEASE REPORT(I/S)
402368131	OTHER
402368176	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)