

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402456421

Date Received:

07/30/2020

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: <u>EXTRACTION OIL & GAS INC</u>	Operator No: <u>10459</u>	Phone Numbers
Address: <u>370 17TH STREET SUITE 5300</u>		Phone: <u>(303) 618-0003</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>()</u>
Contact Person: <u>Josh Carlisle</u>		Email: <u>jcarlisle@extractionog.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402456421

Initial Report Date: 07/30/2020 Date of Discovery: 07/29/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWSW SEC 17 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.138180 Longitude: -105.034255

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 455353

Spill/Release Point Name: Rinn Valley Production Facility 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): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: 80'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):

On July 29, 2020, a third-party hauler left a valve open on his pump truck, resulting in a produced-water spill onto the road base at the Rinn Valley Production Facility (COGCC Location ID: 455353). Approximately 2 barrels of produced-water was released from the truck. The produced-water was immediately hydrovacced, the top 3" of soil were scraped from the impacted area, and confirmation soil samples were collected to verify that all impacted material had been removed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/29/2020	Weld County		-	Email
7/29/2020	Landowner		-	Phone

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:	07/30/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	2	2	<input 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): <u>30</u>	Width of Impact (feet): <u>15</u>	
		Depth of Impact (feet BGS): <u>0</u>	Depth of Impact (inches BGS): <u>3</u>	
How was extent determined?				
The surficial area of impacts was determined during excavation using a track-hoe. All potentially impacted material (5 cubic yards) was 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. Two soil samples were collected from the release footprint and field screened using a photoionization detector (PID). The soil sample with the highest PID was submitted to the laboratory and analyzed for organic (TPH and BTEX) and inorganic constituents (pH, EC, and SAR). Analytical results of the soil sample were within COGCC Table 910-1 allowable limits.				
Soil/Geology Description:				
Vona sandy loam.				

Depth to Groundwater (feet BGS) 13 Number Water Wells within 1/2 mile radius: 3
 If less than 1 mile, distance in feet to nearest Water Well 2455 None Surface Water 1690 None
 Wetlands 3220 None Springs _____ None
 Livestock 1880 None Occupied Building 1600 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/30/2020

Root Cause of Spill/Release Incorrect Operations (Human Error)
 Other (specify) _____

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

Pump Truck.

Describe Incident & Root Cause (include specific equipment and point of failure)

A third-party hauler left a valve open on his pump truck, resulting in a produced-water spill onto the road base.

Describe measures taken to prevent the problem(s) from reoccurring:

XOG will encourage its contractors to implement a checklist to ensure proper procedures are followed with loading and offloading from fluid transfer vehicles in the future.

Volume of Soil Excavated (cubic yards): 5

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: _____

OPERATOR COMMENTS:

This form is being submitted to document a reportable release. Please find the attached Site Diagram, Topographic Map, Lab Results Summary Table, and a copy of the laboratory results. If no additional information is needed in conjunction with this report, please open and close the incident number assigned to this recent 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: 07/30/2020 Email: Maggie.graham@apexcos.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402456739	TOPOGRAPHIC MAP
402456742	SITE MAP
402456743	ANALYTICAL RESULTS
402456744	ANALYTICAL RESULTS

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)