

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:

402456797

Date Received:

07/31/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

477533

### SPILL/RELEASE REPORT (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 &amp; GAS INC</u>	Operator No: <u>10459</u>	<b>Phone Numbers</b>
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# 402448434

Initial Report Date: 07/22/2020 Date of Discovery: 07/22/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

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

Latitude: 40.137626 Longitude: -105.036082

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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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):

Early morning June 22, 2020, a separator fire tube failure resulted in a release of crude oil and produced water within an unlined containment system at the Rinn Valley Production Facility (COGCC Location ID: 455353). Approximately 50 bbls of crude oil and produced water were released into the unlined containment system. The secondary containment perimeter consisting of a corrugated metal wall, and the base material surrounding the separators, functioned as planned. However, investigations are on-going to determine if the base of the containment was sufficiently impermeable within the utility corridors. Crude oil and produced water are being recovered via hydro-vacuum and clearance samples will be collected. Collected samples will be field-screened and submitted for laboratory analysis.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
7/22/2020	Weld County		-	Email
7/22/2020	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: 07/31/2020

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>25</u>	<u>25</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>25</u>	<u>25</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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?

The surficial area of impacts was determined during hydro-vacuum recovery of approximately 50 barrels of crude oil and produced-water within an unlined containment system. Impacted or potentially impacted soils are being 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 continue to 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:

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:

Empty text box for additional spill details.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/31/2020

Root Cause of Spill/Release Equipment Failure

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Vertical Separator

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

Empty text box for equipment details.

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

A separator fire tube failure resulted in a release of approximately 50 barrels of crude oil and produced-water within an unlined containment system at the Rinn Valley Production Facility (COGCC Location ID: 455353).

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

The failed equipment has been repaired and will be monitored according to routine maintenance intervals.

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: \_\_\_\_\_

### OPERATOR COMMENTS:

This Form 19 Supplemental is being submitted to update the COGCC on details of this reportable release. Please find the attached Site Diagram, Topographic Map, Lab Results Summary Table, and a copy of the laboratory results. Final results of the remedial investigation activities will be provided on a subsequent Form 19 Supplemental report.

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: 07/31/2020 Email: Maggie.graham@apexcos.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

402456797	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402457229	OTHER
402460571	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)