

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:

402464697

Date Received:

08/12/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

477649

## SPILL/RELEASE REPORT (INITIAL)

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>
Contact Person: <u>Josh Carlisle</u>		Mobile: <u>( )</u>
		Email: <u>jcarlisle@extractionog.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402464697

Initial Report Date: 08/12/2020 Date of Discovery: 08/11/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NWSW SEC 29 TWP 1S RNG 66W MERIDIAN 6

Latitude: 39.934225 Longitude: -104.804272

Municipality (if within municipal boundaries): \_\_\_\_\_ County: ADAMS

#### Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 450043

Spill/Release Point Name: PC 1S-66-2928 PAD

☐ 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): >=1 and <5

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: 70'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 the evening of August 11, 2020, a separator fire tube failure resulted in a release of crude oil and produced-water within an unlined containment system at the PC 1S-66-2928 Pad (COGCC Location ID: 450043). Approximately 5 barrels of crude oil and produced-water were released into the unlined containment system. The secondary containment perimeter consisting of a corrugated metal wall appear to have functioned as designed. The investigation is on-going to determine if the base was sufficiently impermeable. 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
8/12/2020	Adams County		-	Email
8/12/2020	Landowner		-	Email and 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 ☐

**OPERATOR COMMENTS:**

Site investigation activities and documentation, including lab results, will be provided in a supplemental Form 19 following successful conclusion of remediation.

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: 08/12/2020 Email: Maggie.graham@apexcos.com

**COA Type Description**

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**Attachment Check List**

Att Doc Num	Name
402464697	SPILL/RELEASE REPORT(INITIAL)
402464818	TOPOGRAPHIC MAP
402464819	SITE MAP
402466688	FORM 19 SUBMITTED

Total Attach: 4 Files

**General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)