

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:

402491285

Date Received:

09/18/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

477649

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 & 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> |
| 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 ☐

SPILL/RELEASE DETAIL REPORTS

| | | | |
|---|--------------------------------------|---------------------------------|--------------------------|
| #1 | Supplemental Report Date: 09/18/2020 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 2 | 2 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 3 | 3 | <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? 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): 20 | | Width of Impact (feet): 45 | |
| Depth of Impact (feet BGS): 11 | | Depth of Impact (inches BGS): 0 | |
| How was extent determined? | | | |
| The surficial area of impacts was determined during backhoe excavation within an unlined containment system. Approximately 300 cubic yards of impacted or potentially impacted soil was disposed of at the Denver and Arapahoe Disposal Site. Transport and disposal records will be kept on file under usual and customary practice and are available upon request. Soil samples were collected and analyzed for organic constituents (TPH and BTEX) and inorganics (SAR, EC and pH) until the areal and vertical extents of the excavation were within COGCC Table 910-1 allowable limits. No groundwater was encountered during excavation activities. | | | |
| Soil/Geology Description: | | | |
| Ascalon sandy loam. | | | |

Number Water Wells within 1/2 mile radius: 11

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

| | | |
|----|---------------------------|------------|
| #1 | Supplemental Report Date: | 09/18/2020 |
|----|---------------------------|------------|

| | |
|-----------------------------|-------------------|
| 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:

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

A separator fire tube failure resulted in a release of approximately 5 barrels of crude oil and produced-water within an unlined containment system at the PC 1S-66-2928 Pad (COGCC Location ID: 450043).

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): 300

| | | |
|--|--|------------------|
| Disposition of Excavated Soil (attach documentation) | <input checked="" type="checkbox"/> Offsite Disposal | Onsite Treatment |
| | <input type="checkbox"/> Other (specify) | |

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbbs): 0

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 request closure for the Spill/Release ID 477649 and to include the Corrective Actions summary to the Form 19 Initial report. Results of the remedial investigation activities, including a site map and laboratory analytical results, are provided.

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: 09/18/2020 Email: Maggie.graham@apexcos.com

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
| 402493093 | OTHER |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)