

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:

402507887

Date Received:

10/10/2020

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402507887

Initial Report Date: 10/09/2020 Date of Discovery: 10/09/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SENW SEC 27 TWP 6N RNG 67W MERIDIAN 6

Latitude: 40.458660 Longitude: -104.880937

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 432842

Spill/Release Point Name: Kodak Production 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? No

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): Unknown 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: OTHER Other(Specify): Tank Battery Location Pad

Weather Condition: 83F 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):

During routine inspection of the tank battery location, pooled water was discovered around a surface water tank onsite. Approximately 8 barrels of produced water leaked from the vessel into lined secondary containment. Released fluids were kept within the secondary containment liner and perimeter walls. Approximately 8 barrels of produced water was recovered via hydro-vacuum. The surface tank has been shut-in and will be removed from service for repairs. The liner will be inspected for damage and repaired or replaced if necessary.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/9/2020	Weld County		-	Online Reporting Form
10/9/2020	Landowner		-	Phone
10/9/2020	City of Windsor		-	Email

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:	10/09/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	_____	_____	<input checked="" type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	8	8	<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?	YES	Was an Emergency Pit constructed?	NO	
<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 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?				
The surficial area of impacts will be determined during hydro-vacuum recovery. Released fluids 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/Geology Description:				
Ascalon Loam				

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 1
 If less than 1 mile, distance in feet to nearest Water Well 2425 None Surface Water 230 None
 Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building 2376 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/09/2020

Root Cause of Spill/Release Equipment Failure
 Other (specify) _____

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

Surface produced-water tank

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

It appears that equipment failure or corrosion in the base of the vessel resulted in the release of 8 barrels of produced-water inside of lined secondary containment.

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

The failed equipment will be inspected for damage or corrosion and will be repaired or replaced as needed. Equipment 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 is being submitted to document a reportable release. Site investigation activities and documentation will be provided in the supplemental Form 19.

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: 10/10/2020 Email: Maggie.graham@apexcos.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402507926	TOPOGRAPHIC MAP
402507937	SITE MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)