

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:

402518674

Date Received:

10/26/2020

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

465403

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) 6180003</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# 402507887

Initial Report Date: <u>10/09/2020</u>	Date of Discovery: <u>10/09/2020</u>	Spill Type: <u>Recent Spill</u>
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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:	10/26/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input 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? <u>YES</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 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?				
Approximately 8 bbls of produced-water were released into lined secondary containment and recovered. No fluids were released outside of secondary containment. Because the release was completely contained within lined secondary containment, no soil or groundwater samples were collected. A photolog is attached as documentation of cleanup efforts.				
Soil/Geology Description:				
Ascalon Loam				

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 10
 If less than 1 mile, distance in feet to nearest Water Well 1680 None Surface Water 175 None
 Wetlands 1590 None Springs _____ None
 Livestock _____ None Occupied Building 2300 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/26/2020

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:

Aboveground Storage Tank (AST)

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

During routine inspection of the tank battery location, pooled water was discovered around an aboveground storage tank (AST) onsite. Due to equipment failure of the AST, approximately 8 barrels of produced-water leaked from the vessel into lined secondary containment. Released fluids were contained within the secondary containment liner and perimeter walls. Approximately 8 barrels of produced-water were recovered via hydro-vacuum.

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

XOG will ensure that any tanks that are not being used will be "bottomed out" (fully emptied) and then locked out/tagged out, and periodically inspected to verify no fluids have entered the tank. The AST responsible for the release has been shut-in and will be removed from service for repairs. The liner was inspected for damage and was verified in good condition.

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:

The Form 19 Supplemental is being submitted to document the remediation efforts conducted at the site. Please find attached a topographic map, a facility site map with the corrected location of the release (40.458414, -104.880513104.880513), and photolog of cleanup efforts. Because the release was contained and all fluids were recovered, we request no further action (NFA) at this site.

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: 10/26/2020 Email: Maggie.Graham@apexcos.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402518694	OTHER
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)