

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 &amp; GAS INC</u>	Operator No: <u>10459</u>	<b>Phone Numbers</b>
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>
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: 10/26/2020		
<b>FLUIDS</b>	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? YES Was an Emergency Pit constructed? NO			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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)