

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:

402624658

Date Received:

03/11/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479617

### 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 &amp; GAS INC</u>	Operator No: <u>10459</u>	<b>Phone Numbers</b> Phone: <u>(720) 354-4616</u> Mobile: <u>( )</u> Email: <u>nbennett@extractionog.com</u>
Address: <u>370 17TH STREET SUITE 5200</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Nathan Bennett</u>		

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402624658

Initial Report Date: 03/10/2021 Date of Discovery: 03/10/2021 Spill Type: Historical Release

#### Spill/Release Point Location:

QTRQTR NENE SEC 21 TWP 2S RNG 66W MERIDIAN 6

Latitude: 39.869055 Longitude: -104.774314

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

#### Reference Location:

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: BOX ELDER FARMS 41-21  Well API No. (Only if the reference facility is well) 05-001-06750

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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: 40's and overcast

Surface Owner: FEE Other(Specify): \_\_\_\_\_

#### 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):

While plugging and abandoning the Box Elder Farms 41-21 well (API # 05-001- 06750), legacy suspected soil impacts were observed. Vertical and horizontal definition is being pursued and clearance samples will be collected from the bottom and sidewalls of the excavation. 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
3/10/2021	Surface Owner	Joel Farkas	-	Telephone
3/11/2021	Local Government, Commerce City	Domenic Martinelli	-	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: 03/11/2021			
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	_____	_____	<input checked="" type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	0	0	<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	
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<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 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): _____	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 recovery of all potentially impacted soil. Impacted or potentially impacted soils 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 samples will be collected and analyzed for organic constituents (TPH, BTEX, Trimethylbenzene and PAHs) until the extents are within COGCC Table 915-1 limits.				
Soil/Geology Description:				
Platner loam.				

Depth to Groundwater (feet BGS) 60 Number Water Wells within 1/2 mile radius: 1  
 If less than 1 mile, distance in feet to nearest Water Well 1920 None  Surface Water 4660 None   
 Wetlands 4660 None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building 1920 None

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/11/2021

Root Cause of Spill/Release Unknown (Historical)  
 Other (specify) \_\_\_\_\_

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

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

While plugging and abandoning the well, legacy soil impacts were observed. It appears that equipment failure caused a discharge of fluids, resulting in soil impacts.

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

The wellhead and associated tank battery are being decommissioned and will be reclaimed. More details will follow on a supplemental f27 submittal pending investigation.

Volume of Soil Excavated (cubic yards): 10

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 0  
 Volume of Impacted Surface Water Removed (bbls): 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: 16590

**OPERATOR COMMENTS:**

Remediation will continue under approved Remediation #16590. Initial laboratory results and site map are provided. Additional laboratory results and site investigation details will be provided in the Supplemental Form 27 submitted to document closure of the assigned remediation project. If no additional information is needed in conjunction with this report, please open and close the Spill/Release ID assigned to this legacy release.

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: 03/11/2021 Email: Maggie.graham@apexcos.com

**COA Type****Description**

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**Attachment List****Att Doc Num****Name**

402624658	SPILL/RELEASE REPORT(I/S)
402625890	OTHER
402627710	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)