

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:

401654749

Date Received:

06/01/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

455337

SPILL/RELEASE REPORT (INITIAL)

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>(970) 576-3446</u> |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80202</u> |
| Contact Person: <u>Blake Ford</u> | | Mobile: <u>()</u> |
| | | Email: <u>bford@extractionog.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401654749

Initial Report Date: 05/27/2018 Date of Discovery: 05/27/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 5 TWP 2N RNG 68W MERIDIAN 6Latitude: 40.165763 Longitude: -105.035167Municipality (if within municipal boundaries): Firestone County: WELD

Reference Location:

Facility Type: TANK BATTERY☒ Facility/Location ID No 441811Spill/Release Point Name: Fairview 5-I☐ No Existing Facility or Location ID No.

Number: _____

☐ Well API No. (Only if the reference facility is well) 05- -

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): >=100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: P Cloudy, warm.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):

Prior to an oil transfer a valve was improperly opened resulting in a release of approximately 172bbls within lined secondary containment. All free-standing fluid has been vacuumed up and any impacted pea gravel will be disposed of under an approved waste profile. The causal factors and responsible party is still under investigation and will be provided in the supplemental Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|---------------------|
| 5/27/2018 | Surface land owner | NA | - | Left voicemail |
| 5/27/2018 | Firestone LGD | Tracy Case | - | Email and voicemail |
| 5/27/2018 | Weld Co | Troy Swain | - | Email |

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

OPERATOR COMMENTS:

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| |
|--|

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Blake Ford

Title: Environmental Coordinator Date: 06/01/2018 Email: bford@extractionog.com

Condition of Approval

COA Type

Description

| | |
|-------|--|
| | |
| 0 COA | |

Attachment List

Att Doc Num

Name

| | |
|-----------|-------------------------------|
| 401654749 | SPILL/RELEASE REPORT(INITIAL) |
| 401654778 | TOPOGRAPHIC MAP |
| 401667859 | FORM 19 SUBMITTED |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)