

**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:

400648471

Date Received:

07/23/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

438239

## SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

### OPERATOR INFORMATION

Name of Operator: <u>EXTRACTION OIL &amp; GAS LLC</u>	Operator No: <u>10459</u>	<b>Phone Numbers</b>
Address: <u>1888 SHERMAN ST #200</u>		Phone: <u>(720) 382-2696</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 778-0448</u>
Zip: <u>80203</u>		Email: <u>jtonello@extractionog.com</u>
Contact Person: <u>Tonello John</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400648471

Initial Report Date: 07/22/2014      Date of Discovery: 07/19/2014      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 27 TWP 6N RNG 67W MERIDIAN 6Latitude: 40.461400 Longitude: -104.885380Municipality (if within municipal boundaries): Windsor County: WELD

#### Reference Location:

Facility Type: WELL ☐ Facility/Location ID No. \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-123-37254

#### 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? Yes

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): >=100Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approximately 215 bbls of flow back fluid was released

#### Land Use:

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_Weather Condition: 75 F ClearSurface 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):

On July 20, 2014, during completion activities on the Kodak #12 well, a pressurized fitting on the well failed resulting in a release of approximately 215 bbls of flow back fluid onto the well pad surface. After the well depressurized, a new fitting and valve were installed to stop the release. Vacuum trucks were used to recover approximately 165 bbls of fluid that was pooled on location. The fluid was transported to a licensed facility for disposal. Pending initial soil analytical results, the impacted soil will be excavated and hauled to a licensed disposal facility. Confirmation soil samples will be collected from the excavation. A topographic Site Location Map showing the general location of the release is attached as Figure 1. The analytical results and excavation details will be provided in a supplemental report.

**List Agencies and Other Parties Notified:**

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

Signed: \_\_\_\_\_ Print Name: Tonello John  
Title: Engineering Manager Date: 07/23/2014 Email: jtonello@extractionog.com

**COA Type**

**Description**

--	--

**Attachment Check List**

**Att Doc Num**

**Name**

400648471	FORM 19 SUBMITTED
400648652	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)