

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400653155

Date Received:

07/30/2014

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

438239

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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 & GAS LLC</u>	Operator No: <u>10459</u>	Phone Numbers
Address: <u>1888 SHERMAN ST #200</u>		Phone: <u>(720) 382-2696</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>		Mobile: <u>(970) 778-0448</u>
Contact Person: <u>Tonello John</u>		Email: <u>jtonello@extractionog.com</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 6

Latitude: 40.461400 Longitude: -104.885380

Municipality (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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): >=100 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Approximately 215 bbls of flow back fluid was released

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: 75 F Clear

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):

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:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	07/30/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input 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	215	165	<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

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 150 Width of Impact (feet): 150

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Soil samples were collected from in and around the visual release area and submitted for laboratory analysis. Analytical results for the confirmation soil samples indicate that TPH, BTEX, pH, and EC are within or below COGCC allowable levels within the release area and at the extent of the release. Based on these analytical results, no excavation is required. Therefore, Extraction Oil & Gas LLC is requesting a No Further Action status for this site. The general site layout, release dimensions, and soil sample locations are shown on the Site Map attached as Figure 2. The soil sample analytical results are summarized in Table 1. The laboratory analytical reports are attached.

Soil/Geology Description:

Sand and Gravel/Roadbase

Depth to Groundwater (feet BGS) 8 Number Water Wells within 1/2 mile radius: 9

If less than 1 mile, distance in feet to nearest

Water Well	<u>738</u>	None <input type="checkbox"/>	Surface Water	<u>350</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>1300</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/30/2014

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

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

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. Vacuum trucks were used to recover approximately 165 bbls of fluid that was pooled on location.

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

Operators will ensure all fittings have adequate pressure rating.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) no excavation required

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: _____

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

Signed: _____ Print Name: John Tonello

Title: Engineering Manager Date: 07/30/2014 Email: jtonello@extractionog.com

COA Type	Description
	The operator recovered spilled fluids and collected soil samples from the impacted area. Results from the soil sampling indicate that concentrations of constituents in soil in the impacted area are below the concentration levels listed in Table 910-1. COGCC conducted a site visit on 7/22/2014 and did not observe any free liquid in the spill area or evidence of offsite migration. Therefore, no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be significantly impacted, then further investigation and/or remediation activities may be required at the site.

Attachment Check List

Att Doc Num	Name
400653155	FORM 19 SUBMITTED
400653317	TOPOGRAPHIC MAP
400653321	SITE MAP
400653323	ANALYTICAL RESULTS
400653325	ANALYTICAL RESULTS
400653329	ANALYTICAL RESULTS

Total Attach: 6 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)