

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:

400981422

Date Received:

02/02/2016

Spill report taken by:

Spill/Release Point ID:

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>8 NORTH LLC</u>	Operator No: <u>10575</u>	Phone Numbers
Address: <u>370 17TH STREET SUITE 5300</u>		Phone: <u>(720) 481-2372</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(720) 481-2372</u>
Contact Person: <u>Josh Carlisle</u>		Email: <u>jcarlisle@extractionog.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400976158

Initial Report Date: 01/21/2016 Date of Discovery: 01/19/2016 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 1 TWP 1S RNG 69W MERIDIAN 6

Latitude: 39.990318 Longitude: -105.057387

Municipality (if within municipal boundaries): _____ County: BOULDER

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 321393
 No Existing Facility or Location ID No.
 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? 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): 0 Estimated Condensate Spill Volume(bbl): Unknown

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

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

Specify: _____

Land Use:

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

Weather Condition: 40's, sunny

Surface Owner: OTHER (SPECIFY) Other(Specify): Boulder County

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 annual flowline testing a leak was identified and upon investigation of the flowline contaminated soils were discovered. Impacts are limited to soils, no groundwater has been encountered. Samples will be taken of the excavated soils to determine the extent and all contaminated soils will be disposed of at a permitted facility.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/20/2016	Boulder County	Planner	-	via e-mail, requested to keep them informed of the work required and timing.
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SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/01/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): 30 Width of Impact (feet): 30

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): _____

How was extent determined?

A leak was discovered at the FCR MD 31S69W1NESE location. Excavation and repair activities commenced and hydrocarbon impacted soil was encountered. Groundwater was not encountered in the excavation. Soil samples were collected from the sidewalls and base of the excavation area and submitted to Summit Scientific Laboratory in Golden, Colorado for analysis of benzene, toluene, ethylbenzene, and total xylenes (BTEX) and total petroleum hydrocarbons (TPH) - gasoline range organics (GRO) by USEPA Method 8260, TPH - diesel range organics (DRO) by USEPA Method 8015. Laboratory results indicate that constituent concentrations in the soil samples in the initial extent of the excavation were below the applicable COGCC Table 910-1 standards, except for sample W01@6 which had a benzene concentration greater than the COGCC Table 910-1 standard. Additional excavation was conducted and laboratory results indicate that the constituent concentrations in the final extent of the excavations were below the applicable COGCC Table 910-1 standards. Soil analytical results are summarized in Table 1. Initial and final excavation extent and soil sample locations are illustrated on Figures 1 and 2, respectively. Laboratory analytical reports are included as Attachment A and waste manifests are included as Attachment B. Based on the soil analytical data, 8 North is requesting a no further action determination (NFA) for this release.

Soil/Geology Description:

Clay

Depth to Groundwater (feet BGS) 200 Number Water Wells within 1/2 mile radius: 12

If less than 1 mile, distance in feet to nearest Water Well 1600 None Surface Water 900 None

Wetlands _____ None Springs _____ None

Livestock _____ None Occupied Building 1800 None

Additional Spill Details Not Provided Above:

Details regarding pressure testing the lines after repair has been provided and received approval from COGCC staff under separate coorespondence.

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:

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

Signed: _____ Print Name: Josh CarlisleTitle: Environmental Supervisor Date: 02/02/2016 Email: jcarlisle@extractionog.com**COA Type****Description**

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

400981516	ANALYTICAL RESULTS
400981522	ANALYTICAL RESULTS
400981523	ANALYTICAL RESULTS
400981544	DISPOSAL MANIFEST
400981642	SITE MAP
400981643	SITE MAP

Total Attach: 6 Files

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

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Total: 0 comment(s)