

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:

400966931

Date Received:

01/08/2016

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

444780

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>370 17TH STREET SUITE 5300</u>		Phone: <u>(720) 481-2372</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(720) 481-2372</u>
Zip: <u>80202</u>		Email: <u>jcarlisle@extractioog.com</u>
Contact Person: <u>Josh Carlisle</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400951856

Initial Report Date: 12/10/2015 Date of Discovery: 12/09/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 1 TWP 1S RNG 69W MERIDIAN 6Latitude: 39.998412 Longitude: -105.056779Municipality (if within municipal boundaries): _____ County: BOULDER

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 335728☐ 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): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated 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: Cloudy, 60'sSurface 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):

During annual flowline testing a flowline leak was discovered at the FCR MD 61S69W1NENE location. Excavation and repair activities commenced and hydrocarbon impacted soil was encountered in the excavation. Groundwater was not encountered in the excavation. Soil samples were collected from the the excavation area and test pits around the excavation and submitted for laboratory analysis of benzene, toluene, ethlybenzene and total xylenes (BTEX) by USEPA Method 8260 and total petroleum hydrocarbons (TPH) by USEPA Method 8015. Site assessment activities are ongoing at this location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/10/2015	Boulder County	LGD	-email	
			-	

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/08/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <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): <u>30</u>		Width of Impact (feet): <u>12</u>	
Depth of Impact (feet BGS): <u>9</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
See Supplemental Form 19 (COGCC Doc # 400959756) and attached Form 27.			
Soil/Geology Description:			
Clay			
Depth to Groundwater (feet BGS) <u>200</u>		Number Water Wells within 1/2 mile radius: <u>8</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>150</u> None <input type="checkbox"/>	Surface Water <u>620</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 _____ None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

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: 9507

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 Carlisle

Title: Environmental Supervisor Date: 01/08/2016 Email: jcarlisle@extractioog.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

400966931	FORM 19 SUBMITTED
400966935	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)