

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:

401052095

Date Received:

05/23/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445802

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 & 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>(303) 618-0003</u>
Zip: <u>80202</u>		Email: <u>jcarlisle@extractionog.com</u>
Contact Person: <u>Josh Carlisle</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401052095

Initial Report Date: 05/23/2016 Date of Discovery: 05/20/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SE 19 TWP 7N RNG 65W MERIDIAN 6

Latitude: 40.561680 Longitude: -104.706960

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

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 439215

☐ 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? Yes

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

Estimated Oil Spill Volume(bbl): >=5 and <100

Estimated Condensate Spill Volume(bbl): 0

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: OTHER Other(Specify): well pad

Weather Condition: 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):

Approximately 10-15 barrels of oil were released onto the ground surface while a workover rig was on the site. The spill was immediately contained and cleaned up. Further documentation of the cleanup will be provided.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/20/2016	COGCC	Rick Allison	-	notified by email
5/20/2016	Weld County	Troy Swain	-	notified by email
5/23/2016	landowner	Darrell Waag	-	notified

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: Rachel A. Peterson

Title: Project Manager Date: 05/23/2016 Email: petersonr@agwassenaar.com

COA Type

Description

	A Form 19 Supplemental Report - Spill/Release Detail Report with an accompanying topographic map or aerial image is due within 10 days of the release discovery date (by May 30, 2016).
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Attachment Check List

Att Doc Num

Name

2615264	24 HOUR NOTIFICATION
401052095	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)