

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401093061

Date Received:

08/12/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

445802

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 Phone: <u>(720) 481-2372</u> Mobile: <u>(303) 618-0003</u> Email: <u>jcarlisle@extractionog.com</u>
Address: <u>370 17TH STREET SUITE 5300</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</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 SENW SEC 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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 08/12/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	10	10	<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	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? 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): 40 Width of Impact (feet): 10

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

Visual determination

Soil/Geology Description:

Kim Loam, 1 to 3 percent slopes

Depth to Groundwater (feet BGS) 25 Number Water Wells within 1/2 mile radius: 3

If less than 1 mile, distance in feet to nearest

Water Well	<u>965</u>	None <input type="checkbox"/>	Surface Water	<u>1490</u>	None <input type="checkbox"/>
Wetlands	<u>1490</u>	None <input 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:

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.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	08/12/2016	
Cause of Spill (Check all that apply)			
<input checked="" type="checkbox"/>	Human Error	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/>	Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)			
Spill occurred from an overflow tank on the workover rig; tank was overfilled during equalizing of tanks. Flow to the tank was immediately shut off and a vacuum truck was used to cleanup up all spilled oil. Additional soil from the location of the spill was excavated and hauled offsite for disposal.			
Describe measures taken to prevent the problem(s) from reoccurring:			
Effective immediately: secondary containment under all tanks used to store oil associated with workover rigs.			
Volume of Soil Excavated (cubic yards): 18			
Disposition of Excavated Soil (attach documentation)			
<input checked="" type="checkbox"/>	Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/>	Other (specify) _____		
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: _____

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 Peterson

Title: Senior Project Manager Date: 08/12/2016 Email: petersonr@agwco.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401093067	ANALYTICAL RESULTS

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)