

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:

401231103

Date Received:

03/12/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

449708

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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>(970) 778-5956</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Blake Ford</u>		Email: <u>bford@extractionog.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401231103

Initial Report Date: 03/12/2017 Date of Discovery: 03/11/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 5 TWP 6N RNG 67W MERIDIAN 6Latitude: 40.516397 Longitude: -104.914525Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 448213☐ 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): 0Estimated Flow Back Fluid Spill Volume(bbl): >=1 and <5Estimated 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: CROP LAND

Other(Specify): _____

Weather Condition: Night, cool.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):

A forklift operator attempted to move a return tote filled with grease and wellbore fluids without a spotter. The forks on the forklift were positioned too high and punctured a hole in the tote, resulting in a spill of approximately 100 gallons onto the ground. Oil absorbent material was placed around the spill and a vac truck was immediately called to the site.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/12/2017	Landowner	NA	-	NA
3/12/2017	Town of Windsor	NA	-	email
3/12/2017	Weld CO	Gracie Marquez	-	email
3/12/2017	Weld OC	Troy Swain	-	email

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: Blake Ford
Title: Environmental Coordinator Date: 03/12/2017 Email: bford@extractionog.com

COA Type

Description

	<p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator. COGCC notes that the required topographic map showing the spill/release location was included with the Initial Report. However the Form 19 Supplemental Report - Spill/Release Detail Report is required.</p> <p>The Supplemental Spill Report for this release is due by March 21, 2017.</p>
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Attachment Check List

Att Doc Num

Name

401231103	SPILL/RELEASE REPORT(INITIAL)
401231104	TOPOGRAPHIC MAP
401236811	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)