

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:

400976158

Date Received:

01/21/2016

Spill report taken by:

Spill/Release Point ID:

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>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>
Contact Person: <u>Josh Carlisle</u>		Mobile: <u>()</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.
			-	

OPERATOR COMMENTS:

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. Additional information and lab data will be submitted via form 19 supplemental.

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: 01/21/2016 Email: jcarlisle@extractionog.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name
400976166	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)