

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402770287

Date Received:

08/04/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

480357

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

OPERATOR INFORMATION

| | | |
|--|---------------------------|---|
| Name of Operator: <u>EXTRACTION OIL & GAS INC</u> | Operator No: <u>10459</u> | Phone Numbers |
| Address: <u>370 17TH STREET SUITE 5200</u> | | Phone: <u>(720) 354-4616</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | | Mobile: <u>(570) 932-0776</u> |
| Contact Person: <u>Nathan Bennett</u> | | Email: <u>nbennett@extractionog.com</u> |

Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402770287

Initial Report Date: 08/04/2021 Date of Discovery: 08/04/2021 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NESE SEC 28 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.020249 Longitude: -105.016734

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

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Reference Location:

Facility Type: WELL SITE Facility/Location ID No 310389
 Spill/Release Point Name: Dump UU 28-8 Battery - ECD Well API No. (Only if the reference facility is well) 05- -
 No Existing Facility or Location ID No.

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

| | |
|---|--|
| Estimated Oil Spill Volume(bbl): <u>Unknown</u> | Estimated Condensate Spill Volume(bbl): <u>Unknown</u> |
| Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u> | Estimated Produced Water Spill Volume(bbl): <u>Unknown</u> |
| Estimated Other E&P Waste Spill Volume(bbl): <u>0</u> | Estimated Drilling Fluid Spill Volume(bbl): <u>0</u> |

Specify: _____

Has the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

Current Land Use: OTHER Other(Specify): Landfill

Weather Condition: Cloudy, 73 degrees F, 8 mph WNW

Surface Owner: FEE Other(Specify): Private Landowner

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

While removing an ECD at the Dump UU-61N68W (Location ID: 310389), legacy suspected soil impacts were observed. Vertical and horizontal definition is being pursued with conventional excavation, and clearance samples will be collected from the base and sidewalls of the excavation. In accordance with the approved Form 27, and COGCC assigned remediation project number 18636, collected samples were field-screened and submitted for laboratory analysis. Please refer to the Form 27 submitted prior to excavation, COGCC Document #: 402720777, for further details.

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-------------------------|
| 8/4/2021 | Weld County | | - | Online Reporting System |
| 8/4/2021 | Landowner | | - | Email |

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

No Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: _____ Public Water System: _____
Residence or Occupied Structure: _____ Livestock: _____
Wildlife: _____ Publicly-Maintained Road: _____

Yes Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery _____ (HH:MM)
Enter the Document Number of the Grade 1 Gas Leak Report, Form 44 _____
Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? _____
Enter the Document Number of the Initial Accident Report, Form 22 _____
Was there damage during excavation? _____
Was CO 811 notified prior to excavation? _____

Yes Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): _____ 10 _____

No Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

- The presence of free product or hydrocarbon sheen Surface Water
- The presence of free product or hydrocarbon sheen on Groundwater
- The presence of contaminated soil in contact with Groundwater
- The presence of contaminated soil in contact with Surface water

| | |
|----|--|
| No | Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylight from the subsurface. |
| No | Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property. <input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way |
| No | Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps. |
| No | Rule 912.b.(1).J: A Release that results in natural gas in Groundwater. |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|---|---|---|--|
| #1 | Supplemental Report Date: <u>08/04/2021</u> | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | _____ | _____ | <input checked="" type="checkbox"/> |
| CONDENSATE | _____ | _____ | <input checked="" type="checkbox"/> |
| PRODUCED WATER | _____ | _____ | <input checked="" type="checkbox"/> |
| DRILLING FLUID | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| FLOW BACK FLUID | <u>0</u> | <u>0</u> | <input type="checkbox"/> |
| OTHER E&P WASTE | <u>0</u> | <u>0</u> | <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): _____ | | Width of Impact (feet): _____ | |
| Depth of Impact (feet BGS): _____ | | Depth of Impact (inches BGS): _____ | |
| How was extent determined? | | | |
| Additional excavations will be conducted in order to determine the extent. Impacted soils will be removed and transported to a disposal facility. Transport and disposal records will be kept on file under usual and customary practice and are available upon request. Soil samples will be collected and analyzed for full Table 915-1 constituents until the areal and vertical extents of the excavation are within COGCC Table 915-1 allowable limits. If present, a groundwater sample will be collected and submitted for laboratory analysis to support site characteristics and excavation clearance. | | | |
| Soil/Geology Description: | | | |
| Nunn Loam | | | |
| Depth to Groundwater (feet BGS) <u>25</u> | | Number Water Wells within 1/2 mile radius: <u>14</u> | |
| If less than 1 mile, distance in feet to nearest | | Water Well <u>118</u> None <input type="checkbox"/> | Surface Water <u>90</u> None <input type="checkbox"/> |
| | | Wetlands _____ None <input checked="" type="checkbox"/> | Springs _____ None <input checked="" type="checkbox"/> |
| | | Livestock <u>2627</u> None <input type="checkbox"/> | Occupied Building <u>1425</u> None <input type="checkbox"/> |
| Additional Spill Details Not Provided Above: | | | |
| | | | |

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 08/04/2021

Root Cause of Spill/Release Unknown (Historical)

Other (specify)

Type of Equipment at Point of Spill/Release: Emission Control Device

If "Other" selected above, specify or describe here:

Empty text box for specifying other equipment details.

Describe Incident & Root Cause (include specific equipment and point of failure)

While removing an emission control device, legacy soil impacts were observed in the sidewalls and base of the excavation. It appears that equipment failure in the ECD resulted in a release of fluids and soil impacts.

Describe measures taken to prevent the problem(s) from reoccurring:

The entire site is being decommissioned and will be reclaimed. More details will follow on a supplemental f27 submittal pending investigation.

Volume of Soil Excavated (cubic yards):

Disposition of Excavated Soil (attach documentation) [] Offsite Disposal [] Onsite Treatment [] Other (specify)

Volume of Impacted Ground Water Removed (bbls):

Volume of Impacted Surface Water Removed (bbls):

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, check all that apply) [] Horizontal and Vertical extents of impacts have been delineated. [] Documentation of compliance with Table 915-1 is attached. [] All E&P Waste has been properly treated or disposed. [X] Work proceeding under an approved Form 27 (Rule 912.c). Form 27 Remediation Project No: 18636 [] SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

Remediation will continue under approved Remediation # 18636. Laboratory results and site investigation details will be provided in the Supplemental Form 27 submitted to document closure of the assigned remediation project. If no additional information is needed in conjunction with this report, please open and close the Spill/Release ID assigned to this legacy release.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Maggie Graham Title: Senior Project Manager Date: 08/04/2021 Email: Maggie.Graham@apexcos.com

Condition of Approval

COA Type

Description

Table with 2 columns: COA Type, Description. Row 1: 0 COA

Attachment List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|---------------------------|
| 402770287 | SPILL/RELEASE REPORT(I/S) |
| 402770731 | OTHER |
| 402771260 | FORM 19 SUBMITTED |

Total Attach: 3 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)