

**Ritchie Exploration, Inc.
Colorado Sites Work Plan**

**Attachment A
Form 19s**

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax: (303)894-2109



FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

SPILL/RELEASE REPORT

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>Ritchie Exploration, Inc.</u> | OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> | State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niernberger</u> | | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | | |
|--|---|--|
| Date of Incident: <u>unknown</u> | Facility Name & No.: <u>Bledsoe, 324940</u> | County: <u>Kit Carson</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | | QtrQtr: <u>NENE</u> Section: <u>34</u> |
| Well Name and Number: <u>Bledsoe #1-34X</u> | | Township: <u>11S</u> Range: <u>51W</u> |
| API Number: <u>05-063-06228</u> | | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____
 Ground Water impacted? Yes No Surface Water impacted? Yes No
 Contained within berm? Yes No Area and vertical extent of spill: 20ft x20ft 4ft x _____ and 10ft x15ft x1ft
 Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____
 Cause of spill (e.g., equipment failure, human error, etc.): leaks from storage tanks and wellhead Detailed description of the spill/release incident: _____

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered): _____

Describe any emergency pits constructed: _____

How was the extent of contamination determined:
 Visual inspection
 Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan
 Describe measures taken to prevent problem from reoccurring: _____

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

State of Colorado
Oil and Gas Conservation Commission

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| Address: <u>PO Box 783188</u> | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niemberger</u> | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|--|--|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Lowe 324937</u> | County: <u>Kit Carson</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NWNE</u> Section: <u>14</u> |
| Well Name and Number: <u>Lowe #B-2</u> | Township: <u>11S</u> Range: <u>46W</u> |
| API Number: <u>05-063-06192</u> | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: <5 Water recov'd: 0 Other spilled: _____ Other recov'd: _____

Ground Water impacted? Yes No
 Surface Water impacted? Yes No

Contained within berm? Yes No
 Area and vertical extent of spill: 20ft x30ft 1ft x _____ and 100ft x35ft x1ft

Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____

Cause of spill (e.g., equipment failure, human error, etc.): leaks from process unit and wellhead Detailed description of the spill/release incident: _____

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
 Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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FACILITY ID:

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| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316)691-9550</u> |
| Contact Person: <u>John Niemberger</u> | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|---|--|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Petx-Lowe.324936</u> | County: <u>Kit Carson</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NENW</u> Section: <u>14</u> |
| Well Name and Number: <u>Petx-Lowe #1A</u> | Township: <u>11S</u> Range: <u>46W</u> |
| API Number: <u>05-063-06185</u> | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: <5 Water recov'd: 0 Other spilled: _____ Other recov'd: _____

Ground Water impacted? Yes No Surface Water impacted? Yes No
 Contained within berm? Yes No Area and vertical extent of spill: 15ft x30ft 2ft x _____ and 10ft x10ft x1ft
 Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____

Cause of spill (e.g., equipment failure, human error, etc.): leaks from compressor building and wellhead Detailed description of the spill/release incident: _____

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
 Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
 the spills will be excavated and disposed of at a commercial landfill

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
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SPILL/RELEASE REPORT

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| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niernberger</u> | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|---|--|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Cowles, 316951</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NENW</u> Section: <u>25</u> |
| Well Name and Number: <u>Cowles #2</u> | Township: <u>3S</u> Range: <u>52W</u> |
| API Number: <u>05-121-05441</u> | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | |
| Oil spilled: <u><5</u> Oil recov'd: <u>0</u> Water spilled: <u>0</u> Water recov'd: <u>0</u> Other spilled: _____ Other recov'd: _____ | |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contained within berm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Area and vertical extent of spill: <u>10ft x 20ft x 2ft</u> x _____ and <u>5ft x 5ft x 1ft</u> |
| Current land use: <u>agricultural</u> | Weather conditions: _____ |
| Soil/geology description: <u>glacial till</u> | |
| IF LESS THAN A MILE , report distance IN FEET to nearest... Surface water: _____ wetlands: _____ buildings: _____ | |
| Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from wellhead</u> Detailed description of the spill/release incident: _____ | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
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OPERATOR INFORMATION

Name of Operator: Ritchie Exploration, Inc. OGCC Operator No: 74770
Address: PO Box 783188
City: Wichita State: KS Zip: 67278-3188
Contact Person: John Niemberger

Phone Numbers

No: (316) 691-9520
Fax: (316) 691-9550
E-Mail: jniemberger@ritchie-exp.com

DESCRIPTION OF SPILL OR RELEASE

Date of Incident: unknown Facility Name & No.: Roderick, 317127
Type of Facility (well, tank battery, flow line, pit): Tank Battery
Well Name and Number: Roderick #1
API Number: 05-121-09091

County: Washington
QtrQtr: SEnw Section: 13
Township: 3S Range: 54W
Meridian: 6th

Specify volume spilled and recovered (in bbls) for the following materials:
Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____
Ground Water impacted? Yes No Surface Water impacted? Yes No
Contained within berm? Yes No Area and vertical extent of spill: 20ft x 30ft x _____ ft
Current land use: agricultural Weather conditions: _____
Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest... Surface water: _____ wetlands: _____ buildings: _____
Livestock: _____ water wells: _____ Depth to shallowest ground water: _____
Cause of spill (e.g., equipment failure, human error, etc.): leaks from wellhead Detailed description of the spill/release incident: _____

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered): _____
Describe any emergency pits constructed: _____
How was the extent of contamination determined:
Visual inspection
Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan
Describe measures taken to prevent problem from reoccurring: _____

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
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| Contact Person: <u>John Niemberger</u> | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|--|--|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Koester C, 312226</u> | County: <u>Logan</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NWNW</u> Section: <u>30</u> |
| Well Name and Number: <u>Koester C#1</u> | Township: <u>10N</u> Range: <u>53W</u> |
| API Number: <u>05-075-06738</u> | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____
 Ground Water impacted? Yes No Surface Water impacted? Yes No
 Contained within berm? Yes No Area and vertical extent of spill: 20ft x 10ft x 4ft
 Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____
 Cause of spill (e.g., equipment failure, human error, etc.): leaks from tank battery Detailed description of the spill/release incident:

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
 Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
 the spill will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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| Contact Person: <u>John Niemberger</u> | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|--|---|
| Date of incident: <u>unknown</u> Facility Name & No.: <u>Wilson, 317125</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NESW</u> Section: <u>13</u> |
| Well Name and Number: <u>Wilson #1</u> | Township: <u>3S</u> Range: <u>54W</u> |
| API Number: <u>05-121-09062</u> | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | |
| Oil spilled: <u><5</u> Oil recov'd: <u>0</u> Water spilled: <u>0</u> Water recov'd: <u>0</u> Other spilled: _____ Other recov'd: _____ | |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contained within berm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Area and vertical extent of spill: <u>5ft x 10ft</u> x <u>2ft</u> |
| Current land use: <u>agricultural</u> | Weather conditions: _____ |
| Soil/geology description: <u>glacial till</u> | |
| IF LESS THAN A MILE , report distance IN FEET to nearest... Surface water: _____ wetlands: _____ buildings: _____ | |
| Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from storage tanks</u> Detailed description of the spill/release incident: _____ | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
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| Contact Person: <u>John Niemberger</u> | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|--|---|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Hickert, 317134</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NWNw</u> Section: <u>24</u> |
| Well Name and Number: <u>Hickert #1-A</u> | Township: <u>3S</u> Range: <u>52W</u> |
| API Number: <u>05-121-09185</u> | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | |
| Oil spilled: <u><5</u> Oil recov'd: <u>0</u> Water spilled: <u>0</u> Water recov'd: <u>0</u> Other spilled: _____ Other recov'd: _____ | |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contained within berm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Area and vertical extent of spill: <u>10ft x 20ft</u> x <u>4ft</u> |
| Current land use: <u>agricultural</u> Weather conditions: _____ | |
| Soil/geology description: <u>glacial till</u> | |
| IF LESS THAN A MILE , report distance IN FEET to nearest... Surface water: _____ wetlands: _____ buildings: _____ | |
| Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from storage tanks</u> Detailed description of the spill/release incident: _____ | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
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| Contact Person: <u>John Niemberger</u> | | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | | |
|---|---|--|
| Date of Incident: <u>unknown</u> | Facility Name & No.: <u>Scheetz 'P', 317114</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | | QtrQtr: <u>NWNE</u> Section: <u>25</u> |
| Well Name and Number: <u>Sheetz 'P' #2-23</u> | | Township: <u>3S</u> Range: <u>52W</u> |
| API Number: <u>05-121-08964</u> | | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | | |
| Oil spilled: <u><5</u> | Oil recov'd: <u>0</u> | Water spilled: <u>0</u> |
| | Water recov'd: <u>0</u> | Other spilled: _____ |
| | Other recov'd: _____ | |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Contained within berm? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Area and vertical extent of spill: <u>60ft x 80ft x 4ft</u> x <u>_____</u> and <u>15ft x 15ft x 1ft</u> | |
| Current land use: <u>agricultural</u> | Weather conditions: _____ | |
| Soil/geology description: <u>glacial till</u> | | |
| IF LESS THAN A MILE , report distance IN FEET to nearest.... Surface water: _____ wetlands: _____ buildings: _____ | | |
| Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from wellhead and storage tanks</u> Detailed description of the spill/release incident: | | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

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>Ritchie Exploration, Inc.</u> OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niernberger</u> | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|--|--|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Challis Farms, 317282</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NWNE</u> Section: <u>25</u> |
| Well Name and Number: <u>Challis Farms #1</u> | Township: <u>1N</u> Range: <u>54W</u> |
| API Number: <u>05-121-10222</u> | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____

Ground Water impacted? Yes No Surface Water impacted? Yes No
 Contained within berm? Yes No Area and vertical extent of spill: 8ft x 8ft x 1ft
 Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____
 Cause of spill (e.g., equipment failure, human error, etc.): leaks from wellhead Detailed description of the spill/release incident: _____

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
 Visual inspection
 Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan
 Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

State of Colorado
Oil and Gas Conservation Commission



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FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

SPILL/RELEASE REPORT

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OPERATOR INFORMATION

| | | |
|--|---|---|
| Name of Operator: <u>Ritchie Exploration, Inc.</u> | OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> | State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niernberger</u> | | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | | |
|--|--|---|
| Date of Incident: <u>unknown</u> | Facility Name & No.: <u>Scheetz 'P', 317115</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | | QtrQtr: <u>NENW</u> Section: <u>23</u> |
| Well Name and Number: <u>Scheetz 'P' #4</u> | | Township: <u>3S</u> Range: <u>52W</u> |
| API Number: <u>05-121-08978</u> | | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | | |
| Oil spilled: <u><5</u> | Oil recov'd: <u>0</u> | Water spilled: <u>0</u> Water recov'd: <u>0</u> Other spilled: _____ Other recov'd: _____ |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Contained within berm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Area and vertical extent of spill: <u>10ft x 30ft</u> x <u>4ft</u> | |
| Current land use: <u>agricultural</u> | Weather conditions: _____ | |
| Soil/geology description: <u>glacial till</u> | IF LESS THAN A MILE, report distance IN FEET to nearest... Surface water: _____ wetlands: _____ buildings: _____ | |
| | Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from storage tanks</u> | Detailed description of the spill/release incident: _____ | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

SPILL/RELEASE REPORT

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>Ritchie Exploration, Inc.</u> | OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> | State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niemberger</u> | | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | | |
|--|--|--|
| Date of Incident: <u>unknown</u> | Facility Name & No.: <u>Anderson, 317057</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | | QtrQtr: <u>NESW</u> Section: <u>20</u> |
| Well Name and Number: <u>Anderson #1</u> | | Township: <u>3S</u> Range: <u>52W</u> |
| API Number: <u>05-121-07586</u> | | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____

Ground Water impacted? Yes No
 Surface Water impacted? Yes No

Contained within berm? Yes No
 Area and vertical extent of spill: 5ft x10ft x ft

Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest.... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____

Cause of spill (e.g., equipment failure, human error, etc.): leaks from well head Detailed description of the spill/release incident: _____

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered): _____

Describe any emergency pits constructed: _____

How was the extent of contamination determined:
 Visual inspection
 Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring: _____

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

**State of Colorado
Oil and Gas Conservation Commission**



FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

SPILL/RELEASE REPORT

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>Ritchie Exploration, Inc.</u> OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 763188</u> | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niemberger</u> | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|---|--|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Scheetz B-2,317128</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>SWSW</u> Section: <u>14</u> |
| Well Name and Number: <u>Scheetz #B-2</u> | Township: <u>3S</u> Range: <u>52W</u> |
| API Number: <u>05-121-09106</u> | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____

Ground Water impacted? Yes No Surface Water impacted? Yes No
 Contained within berm? Yes No Area and vertical extent of spill: 40ft x 15ft x 4ft
 Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____

Cause of spill (e.g., equipment failure, human error, etc.): leaks from storage tanks Detailed description of the spill/release incident:

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
 Visual inspection
 Further remediation activities proposed (attach separate sheet if needed):
 the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan
 Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

**State of Colorado
Oil and Gas Conservation Commission**



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

SPILL/RELEASE REPORT

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OPERATOR INFORMATION

| | | |
|--|---|---|
| Name of Operator: <u>Ritchie Exploration, Inc.</u> | OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> | State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niernberger</u> | | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | | |
|--|---|---|
| Date of Incident: <u>unknown</u> | Facility Name & No.: <u>Parr, 317122</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | | QtrQtr: <u>SWSE</u> Section: <u>14</u> |
| Well Name and Number: <u>Parr #1</u> | | Township: <u>3S</u> Range: <u>52W</u> |
| API Number: <u>05-121-08996</u> | | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | | |
| Oil spilled: <u><5</u> | Oil recov'd: <u>0</u> | Water spilled: <u>0</u> Water recov'd: <u>0</u> Other spilled: _____ Other recov'd: _____ |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Contained within berm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Area and vertical extent of spill: <u>30ft x20ft</u> x <u>4ft</u> | |
| Current land use: <u>agricultural</u> | Weather conditions: _____ | |
| Soil/geology description: <u>glacial till</u> | | |
| IF LESS THAN A MILE, report distance IN FEET to nearest... Surface water: _____ wetlands: _____ buildings: _____ | | |
| Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from storage tanks</u> Detailed description of the spill/release incident: _____ | | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

State of Colorado
Oil and Gas Conservation Commission



FOR OGCC USE ONLY

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

SPILL/RELEASE REPORT

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.

Spill report taken by:

FACILITY ID:

OPERATOR INFORMATION

| | |
|---|--|
| Name of Operator: <u>Ritchie Exploration, Inc.</u> OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niemberger</u> | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|---|--|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Marick, 317081</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>SENW</u> Section: <u>10</u> |
| Well Name and Number: <u>Marick #1-A</u> | Township: <u>3S</u> Range: <u>52W</u> |
| API Number: <u>05-121-08461</u> | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____
 Ground Water impacted? Yes No Surface Water impacted? Yes No
 Contained within berm? Yes No Area and vertical extent of spill: 20ft x30ft x1ft x and 10ft 20ft x1ft
 Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____
 Cause of spill (e.g., equipment failure, human error, etc.): leaks from separator building and process unit Detailed description of the spill/release incident:

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):
 Describe any emergency pits constructed:
 How was the extent of contamination determined:
 Visual inspection
 Further remediation activities proposed (attach separate sheet if needed):
 the spills will be excavated and disposed of at a commercial landfill in accordance with the attached work plan
 Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

State of Colorado
Oil and Gas Conservation Commission



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SPILL/RELEASE REPORT

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.

Spill report taken by:

FACILITY ID:

OPERATOR INFORMATION

| | |
|---|--|
| Name of Operator: <u>Ritchie Exploration, Inc.</u> OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niemberger</u> | E-Mail: <u>jniemberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|--|---|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Herzberg 'P', 317178</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NWSE</u> Section: <u>34</u> |
| Well Name and Number: <u>Herzberg 'P' #1</u> | Township: <u>2S</u> Range: <u>52W</u> |
| API Number: <u>05-121-09544</u> | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | |
| Oil spilled: <u><5</u> Oil recov'd: <u>0</u> Water spilled: <u>0</u> Water recov'd: <u>0</u> Other spilled: _____ Other recov'd: _____ | |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contained within berm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Area and vertical extent of spill: <u>35ft x10ft</u> x <u>4ft</u> |
| Current land use: <u>agricultural</u> | Weather conditions: _____ |
| Soil/geology description: <u>glacial till</u> | |
| IF LESS THAN A MILE, report distance IN FEET to nearest.... Surface water: _____ wetlands: _____ buildings: _____ | |
| Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from storage tanks</u> Detailed description of the spill/release incident: | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spill will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

State of Colorado
Oil and Gas Conservation Commission



FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

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SPILL/RELEASE REPORT

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OPERATOR INFORMATION

| | |
|---|---|
| Name of Operator: <u>Ritchie Exploration, Inc.</u> OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | No: <u>(316)691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316)691-9550</u> |
| Contact Person: <u>John Niernberger</u> | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|--|---------------------------------------|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Alexander, 317291</u> | County: <u>Washington</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>SESE</u> Section: <u>1</u> |
| Well Name and Number: <u>Alexander #1-B</u> | Township: <u>1S</u> Range: <u>55W</u> |
| API Number: <u>05-121-10413</u> | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____

Ground Water impacted? Yes No
 Surface Water impacted? Yes No

Contained within berm? Yes No
 Area and vertical extent of spill: _____ 8ft x 8ft x _____ 1ft

Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest.... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____

Cause of spill (e.g., equipment failure, human error, etc.): leaks from wellhead Detailed description of the spill/release incident: _____

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
 Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
 the spill will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

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.

SPILL/RELEASE REPORT

OPERATOR INFORMATION

| | |
|---|---|
| Name of Operator: <u>Ritchie Exploration, Inc.</u> OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niernberger</u> | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|---|---|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Merino State P, 313860</u> | County: <u>Morgan</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>S2SE</u> Section: <u>36</u> |
| Well Name and Number: <u>Merino State #3</u> | Township: <u>6N</u> Range: <u>55W</u> |
| API Number: <u>05-087-07205</u> | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | |
| Oil spilled: <u><5</u> Oil recov'd: <u>0</u> Water spilled: <u>0</u> Water recov'd: <u>0</u> Other spilled: _____ Other recov'd: _____ | |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contained within berm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Area and vertical extent of spill: <u>35ft x15ft</u> x <u>1ft</u> |
| Current land use: <u>agricultural</u> | Weather conditions: _____ |
| Soil/geology description: <u>glacial till</u> | |
| IF LESS THAN A MILE , report distance IN FEET to nearest... Surface water: _____ wetlands: _____ buildings: _____ | |
| Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from wellhead</u> Detailed description of the spill/release incident: _____ | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

State of Colorado
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

FOR OGCC USE ONLY

Spill report taken by:

FACILITY ID:

SPILL/RELEASE REPORT

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OPERATOR INFORMATION

| | |
|---|---|
| Name of Operator: <u>Ritchie Exploration, Inc.</u> OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niernberger</u> | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|---|--|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>State P/12, 316886</u> | County: <u>Sedgwick</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NESW</u> Section: <u>12</u> |
| Well Name and Number: <u>State #1</u> | Township: <u>10N</u> Range: <u>47W</u> |
| API Number: <u>05-115-06040</u> | Meridian: <u>6th</u> |

Specify volume spilled and recovered (in bbls) for the following materials:
 Oil spilled: <5 Oil recov'd: 0 Water spilled: 0 Water recov'd: 0 Other spilled: _____ Other recov'd: _____

Ground Water impacted? Yes No Surface Water impacted? Yes No
 Contained within berm? Yes No Area and vertical extent of spill: 100ft x5ft x1ft x and 50ft x30ft x1ft
 Current land use: agricultural Weather conditions: _____
 Soil/geology description: glacial till

IF LESS THAN A MILE, report distance **IN FEET** to nearest.... Surface water: _____ wetlands: _____ buildings: _____
 Livestock: _____ water wells: _____ Depth to shallowest ground water: _____
 Cause of spill (e.g., equipment failure, human error, etc.): leaks from wellhead and process unit Detailed description of the spill/release incident:
Old spills from the wellhead and process unit were partially cleaned up previously.

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
 Visual inspection
 Further remediation activities proposed (attach separate sheet if needed):
the spills will be excavated and disposed of at a commercial landfill during final P&A of the site
 Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

SPILL/RELEASE REPORT

Spill report taken by:

FACILITY ID:

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>Ritchie Exploration, Inc.</u> OGCC Operator No: <u>74770</u> | Phone Numbers |
| Address: <u>PO Box 783188</u> | No: <u>(316) 691-9520</u> |
| City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67278-3188</u> | Fax: <u>(316) 691-9550</u> |
| Contact Person: <u>John Niernberger</u> | E-Mail: <u>jniernberger@ritchie-exp.com</u> |

DESCRIPTION OF SPILL OR RELEASE

| | |
|--|---|
| Date of Incident: <u>unknown</u> Facility Name & No.: <u>Beeson, 324942</u> | County: <u>Kit Carson</u> |
| Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> | QtrQtr: <u>NENW</u> Section: <u>21</u> |
| Well Name and Number: <u>Beeson #3-21</u> | Township: <u>10S</u> Range: <u>45W</u> |
| API Number: <u>05-063-06257</u> | Meridian: <u>6th</u> |
| Specify volume spilled and recovered (in bbls) for the following materials: | |
| Oil spilled: <u>10</u> Oil recov'd: <u>0</u> Water spilled: <u>0</u> Water recov'd: <u>0</u> Other spilled: _____ Other recov'd: _____ | |
| Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Surface Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contained within berm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Area and vertical extent of spill: <u>100ft x45ft</u> x <u>6ft</u> |
| Current land use: <u>agricultural</u> | Weather conditions: _____ |
| Soil/geology description: <u>glacial till</u> | |
| IF LESS THAN A MILE , report distance IN FEET to nearest... Surface water: _____ wetlands: _____ buildings: _____ | |
| Livestock: _____ water wells: _____ Depth to shallowest ground water: _____ | |
| Cause of spill (e.g., equipment failure, human error, etc.): <u>leaks from storage tanks</u> Detailed description of the spill/release incident: _____ | |

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered):

Describe any emergency pits constructed:

How was the extent of contamination determined:
Visual inspection

Further remediation activities proposed (attach separate sheet if needed):
the spill will be excavated and disposed of at a commercial landfill in accordance with the attached work plan

Describe measures taken to prevent problem from reoccurring:

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact | Phone | Response |
|------|--------|---------|-------|----------|
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Spill/Release Tracking No: _____