

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400815045

Date Received:

03/25/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

441089

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>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>	Phone Numbers
Address: <u>1700 BROADWAY STE 2300</u>		Phone: <u>(970) 407-3007</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(989) 390-4189</u>
Zip: <u>80290</u>		Email: <u>mark.keyes@whiting.com</u>
Contact Person: <u>Mark Keyes</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400809143

Initial Report Date: 03/14/2015 Date of Discovery: 03/14/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 33 TWP 10N RNG 58W MERIDIAN 6Latitude: 40.788736 Longitude: -103.870114Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 437030☐ 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 <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated 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: OTHER Other(Specify): RangelandWeather Condition: Approximately 40F little to no windSurface Owner: FEE Other(Specify): Robert Rohn

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):

On 3/14/15 at the Razor 33 CPB the pumper manually dumped the 2-stage water knock-out between the compressor and the treater houses and the tank No. 2811 over pressurized and collapsed the thief hatch which allowed approximately 10 to 15 bbls of crude oil to spill from the tank. Approximately 1 bbl ended up outside of the containment and the remainder ended up inside the lined containment. A contractor was called on 3/14/15 to remove impacted stone and liquid. The impacted soil outside of the containment will be collected and treated on-site.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/16/2015	Weld County	Tom Parker	970-3536100	Will Contact on Monday 3/16/15
3/16/2015	Land Owner	Robert Rohn	970-6563513	Will Contact on Monday 3/16/15

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/25/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	15	0	<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): 5 Width of Impact (feet): 5

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

How was extent determined?

The bulk of the release was contained within the berm, at most 1 bbl of oil splashed onto the soil immediately outside the berm. The soil/stone was scraped and placed on-site pending treatment and/or disposal. Visual evidence was used to determine the extent.

Soil/Geology Description:

Ascalon fine sandy loam; Cushman fine sandy loam; Haverson loam.

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>860</u>	None <input type="checkbox"/>	Surface Water	<u>538</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" 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:

The impacted peastone was washed powerwashed on-site on liner material and the rinse water was collected and disposed. Confirmation samples will be collected this week to verify the completion of the remediation and closure pending receipt of analytical results.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 03/25/2015
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)	
<div>The pumper manually dumped the 2-stage water knock-out between the compressor and the treater. Tank 2811 overpressurized and collapsed the thief hatch.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>Pumpers will be instructed to open the manual dumps slowly and allow gradual pressure equilization.</div>	
Volume of Soil Excavated (cubic yards): _____	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input checked="" 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: _____

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

Signed: _____ Print Name: Mark Keyes

Title: Env Coord Supv Date: 03/25/2015 Email: mark.keyes@whiting.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
400815045	FORM 19 SUBMITTED
400815098	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Environmental	The Operator shall submit a Form 19 Supplemental Report that documents the successful remediation of the release within 90 days of the release date. Supporting documentation shall include confirmation soil samples to document removal of impacts from soil in the release area, confirmation soil samples for any soil treated onsite, and a site diagram that illustrates the release extent and location of confirmation soil samples.	3/26/2015 2:54:32 PM

Total: 1 comment(s)