

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400844932

Date Received:

05/27/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

439055

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: WHITING OIL & GAS CORPORATION	Operator No: 96155	Phone Numbers
Address: 1700 BROADWAY STE 2300		Phone: (970) 4073008
City: DENVER State: CO Zip: 80290		Mobile: (432) 6616647
Contact Person: Kyle Waggoner		Email: kyle.waggoner@whiting.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400691986

Initial Report Date: 09/20/2014 Date of Discovery: 09/18/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 35 TWP 10N RNG 59W MERIDIAN 6

Latitude: 40.788142 Longitude: -103.948003

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 426053
 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? No

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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 15 bbls of produced water

Land Use:

Current Land Use: OTHER Other(Specify): livestock grazing

Weather Condition: clear 80 degrees and sunny

Surface Owner: FEE Other(Specify): landowner

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):

At the Wolf 35-2613 tank battery a 3" line associated with the tank battery within the containment failed resulting in the loss of 15 bbls of produced water. All free liquids were recovered via vacuum truck. Impacted soils > 910-1 will be removed and disposed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/20/2014	landowner	Gene Nelson	-	

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/27/2015

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

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

The 3" line was defective.

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

The defective line was replaced and the remaining line was inspected.

Volume of Soil Excavated (cubic yards): 7

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)
 Work proceeding under an approved Form 27
Form 27 Remediation Project No: _____

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: Kyle Waggoner

Title: Field Regulatory Manager Date: 05/27/2015 Email: kyle.waggoner@whiting.com

COA Type	Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400844932	FORM 19 SUBMITTED
400844943	OTHER
400844944	SITE MAP
400844945	SITE MAP
400844946	TOPOGRAPHIC MAP
400844947	ANALYTICAL RESULTS
400844948	DISPOSAL MANIFEST
400844950	ANALYTICAL RESULTS

Total Attach: 8 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)