

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400853368

Date Received:

06/14/2015

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) 4073008</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(432) 6616647</u>
Zip: <u>80290</u>		Email: <u>kyle.waggoner@whitin</u>
Contact Person: <u>Kyle Waggoner</u>		<u>g.com</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 6

Latitude: 40.788736 Longitude: -103.870114

Municipality (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 <100

Estimated Condensate Spill Volume(bbl): 0

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: OTHER Other(Specify): Rangeland

Weather Condition: Approximately 40F little to no wind

Surface 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

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	06/13/2015
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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)

Manual dump conducted by the pumper caused the tanks to over pressure, resulting in the loss of crude oil from thief hatch.

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

Training for pumper was conducted.

Volume of Soil Excavated (cubic yards): 18

Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

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: _____

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: 06/14/2015 Email: kyle.waggoner@whiting.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400853370	SITE MAP
400853371	SITE MAP
400853372	TOPOGRAPHIC MAP
400853373	ANALYTICAL RESULTS
400853374	ANALYTICAL RESULTS
400853375	OTHER
400853376	DISPOSAL MANIFEST

Total Attach: 7 Files

General Comments

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

Total: 0 comment(s)