

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:

400870519

Date Received:

07/18/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442391

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 | <b>Phone Numbers</b>             |
| Address: 1700 BROADWAY STE 2300                 |                    | Phone: ( )                       |
| City: DENVER State: CO Zip: 80290               |                    | Mobile: (432) 2389767            |
| Contact Person: Robert DeOtte                   |                    | Email: robert.deotte@whiting.com |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400865078

Initial Report Date: 07/09/2015 Date of Discovery: 07/08/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 18 TWP 10N RNG 58W MERIDIAN 6

Latitude: 40.837519 Longitude: -103.913288

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: PIPELINE  Facility/Location ID No   
 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): 0 Estimated Condensate Spill Volume(bbl): >=5 and <100

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: NON-CROP LAND Other(Specify): Ranchland

Weather Condition: Cloudy

Surface Owner: FEE Other(Specify): Gene Nelson

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):

Operator discovered a pipeline leak west of the Nelson C1. Pipeline was closed in and free liquids were contained with soil. Impacted soils were excavated and placed on liner to be treated onsite.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| Date     | Agency/Party | Contact     | Phone       | Response |
|----------|--------------|-------------|-------------|----------|
| 7/8/2015 | Landowner    | Gene Nelson | 970-8953352 | Notified |

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/18/2015

| FLUIDS          | BBL's SPILLED | BBL's RECOVERED | Unknown                  |
|-----------------|---------------|-----------------|--------------------------|
| OIL             | <u>0</u>      | <u>0</u>        | <input type="checkbox"/> |
| CONDENSATE      | <u>5</u>      | <u>0</u>        | <input type="checkbox"/> |
| PRODUCED WATER  | <u>0</u>      | <u>0</u>        | <input 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? 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): 45 Width of Impact (feet): 4

Depth of Impact (feet BGS): 3 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Extent was determined using a measuring wheel and tape measure.

Soil/Geology Description:

Epping silt loam

Depth to Groundwater (feet BGS) 240 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

|            |                 |  |                   |                 |  |
|------------|-----------------|--|-------------------|-----------------|--|
| Water Well | <u>0</u>        | None <input type="checkbox"/>            | Surface Water     | <u>        </u> | None <input checked="" type="checkbox"/> |
| Wetlands   | <u>        </u> | None <input checked="" type="checkbox"/> | Springs           | <u>        </u> | None <input checked="" type="checkbox"/> |
| Livestock  | <u>        </u> | None <input checked="" type="checkbox"/> | Occupied Building | <u>        </u> | None <input checked="" type="checkbox"/> |

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/18/2015

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)

Operator discovered a leaking pipeline at a closed facility due to an open end.

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

The pipeline was exposed and plugged.

Volume of Soil Excavated (cubic yards): 25

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): 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: Robert DeOtte  
 Title: Env. Coord. Date: 07/18/2015 Email: robert.deotte@whiting.com

### Attachment Check List

| Att Doc Num | Name            |
|-------------|-----------------|
| 400870760   | TOPOGRAPHIC MAP |

Total Attach: 1 Files

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)