

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

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Date Received:

11/03/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442543

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# 400870238

Initial Report Date: 07/17/2015 Date of Discovery: 07/16/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 11 TWP 10n RNG 58w MERIDIAN 6

Latitude: 40.854164 Longitude: -103.832767

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 436611
 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): >=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: 14.5 bbls of oil released inside berm

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): Rangeland

Weather Condition: Sunny

Surface Owner: FEE Other(Specify): Timbro Ranch and Cattle Co

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):

14.5 bbls of oil was released due to a stuck dump valve on a separator causing a tank to overflow. Liquid was contained inside secondary containment. Free liquid was recovered with a vacuum truck and impacted soils were excavated and placed on a plastic liner for onsite treatment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/17/2015	Landowner	Timbro Ranch & Cattle Co	970-396-5885	Notified

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 11/03/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>15</u>	<u>1</u>	<input type="checkbox"/>
CONDENSATE	<u>0</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? YES 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): 125 Width of Impact (feet): 90

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 4

How was extent determined?

Visual and olfactory observations were utilized to determine the that the extents of the impacts had been removed.

Soil/Geology Description:

Bentonite clay and rock.

Depth to Groundwater (feet BGS) 125 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	_____	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>200</u>	None <input type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Recent rainfall had occurred causing the release to spread throughout the containment.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/14/2015

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)

Equipment failure of dump valve.

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

Dump valve has been repaired and tested.

Volume of Soil Excavated (cubic yards): 118

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: _____

OPERATOR COMMENTS:

Attachments documenting that impacts had been removed to <Table 910-1 had been submitted previously.

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: 11/03/2015 Email: kyle.waggoner@whiting.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)