

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400954368

Date Received:

12/15/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

438672

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# 400671769

Initial Report Date: 08/24/2014 Date of Discovery: 08/22/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR Lot 2 SEC 20 TWP 10N RNG 58W MERIDIAN 6Latitude: 40.827372 Longitude: -103.895316Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☐ 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): >=5 and <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: sunnySurface Owner: FEEOther(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):

The flowline from the Nelson Ranches A7 was being replaced and historical staining was observed inside the tank battery on the flowline. Due to the volume of impacted soil it is estimated that 7 bbls of crude oil were released. The impacted soil has been excavated and taken to the Waste Management for disposal. Sidewall confirmation samples have been collected to determine if the excavation limits meet Table 910-1 limits.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|-------------|-------------|----------|
| 8/22/2014 | land owner | Gene Nelson | 970-8953325 | |

CORRECTIVE ACTIONS

| | | | | |
|--|---------------------------|------------|--|--|
| #1 | Supplemental Report Date: | 11/20/2015 | | |
| Cause of Spill (Check all that apply) | | | | |
| <input type="checkbox"/> Human Error <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Historical-Unknown | | | | |
| <input type="checkbox"/> Other (specify) _____ | | | | |
| Describe Incident & Root Cause (include specific equipment and point of failure) | | | | |
| Impacts were observed while replacing the flowline. | | | | |
| Describe measures taken to prevent the problem(s) from reoccurring: | | | | |
| All flow lines have been pressure tested for leaks. | | | | |
| Volume of Soil Excavated (cubic yards): 300 | | | | |
| 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: _____

OPERATOR COMMENTS:

The amount of impacted soils excavated and treated is in addition to the previously reported.

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: 12/15/2015 Email: kyle.waggoner@whiting.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
| 400954596 | OTHER |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)