

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:

400966846

Date Received:

01/08/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444504

SPILL/RELEASE REPORT (INITIAL)

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: SANDRIDGE EXPLORATION & PRODUCTION LLC	Operator No: 10598	Phone Numbers
Address: 123 ROBERT S KERR		Phone: ()
City: OKLAHOMA CITY	State: OK	Mobile: (405) 590-7483
	Zip: 73102	Email: charwell@sandridgeenergy.com
Contact Person: Clay Harwell		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400966846

Initial Report Date: 01/08/2016 Date of Discovery: 12/30/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 32 TWP 7N RNG 80W MERIDIAN 6

Latitude: 40.534837 Longitude: -106.394970

Municipality (if within municipal boundaries): County: JACKSON

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 324750
 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 and <1 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:

Land Use:

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

Weather Condition: 19 degrees; clear

Surface Owner: FEE Other(Specify):

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):

While hot oiling the PW tank to thaw, a 2" nipple separated from a hammer union in the production line causing the PW tank to drain. Lost approx. 50 bbls before discovered by Heat Waves and tank was shut in. Schedule repair to line and review potential battery modifications.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/6/2016	COGCC	Kris Neidel	970-871-1963	Form 19 to be filed
			-	

OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Tiffany Golay

Title: Sr Regulatory Tech Date: 01/08/2016 Email: tgolay@sandridgeenergy.com

COA Type

Description

	COGCC Staff talked to Operator representative, Clay Harwell. It was agreed that we will discuss these issues further to assure proper reporting.
	In box titled "specify", under heading "Fluid(s) Spilled /Released (please answer Yes/No)"; should include the specific volume of fluids spilled. Example: Estimated Produced Water Spill Volume was selected as ">=5and<100", if volume spilled was 65 BBLs, this should be included in "specify" box.
	spill map should be of spill area; it should define (visually) the spill path. Supplemental report should include the spill map with required information.
	Lat/Long provided is for wellhead, the Lat/Long on Form 19 should be for the point of spill/discharge. Please provide this Lat/Long on supplemental report (due 10 days from date of discovery).

Attachment Check List

Att Doc Num

Name

400966846	FORM 19 SUBMITTED
400966854	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)