

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401123111

Date Received:

10/07/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

447947

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) 407-3007</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(989) 390-4189</u>
Zip: <u>80290</u>		Email: <u>mark.keyes@whiting.com</u>
Contact Person: <u>Mark Keyes</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401122812

Initial Report Date: 10/03/2016 Date of Discovery: 10/02/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NE/SW SEC 30 TWP 10N RNG 58W MERIDIAN 6Latitude: 40.808304 Longitude: -103.910576Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 430314☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Partly Cloudy 60-70FSurface 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):

On 10/2 produced water was observed puddling around a 400 bbl produced water tank. It was determined that the water was leaking from the bolts around the man-way hatch into the tank. The bolts were tightened and the leaking stopped. Approximately 30 bbls of produced water were released inside the lined tank containment. A vacuum truck was called in on 10/2 and approximately 25 bbls were recovered. The truck was schedule to return on 10/3 to recover the remaining liquid and remove the stones in the containment to allow the liner to be inspected.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/3/2016	Landowner	Gene Nelson	970-895-3352	Notified

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 10/07/2016		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	35	35	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>147</u>		Width of Impact (feet): <u>48</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
The spill occurred inside the tank battery berm. The dimensions of the berm measure 147'x48' with approximately 4" of peastone inside the berm. The water was at the level of the peastone.			
Soil/Geology Description:			
31 - Kim Mitchell Complex; 32 - Kim Mitchell Complex			
Depth to Groundwater (feet BGS) <u>145</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>4373</u> None <input type="checkbox"/>	Surface Water <u>1933</u> None <input type="checkbox"/>	
	Wetlands <u>0</u> None <input type="checkbox"/>	Springs <u>0</u> None <input type="checkbox"/>	
	Livestock <u>0</u> None <input type="checkbox"/>	Occupied Building <u>0</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			
On 10/4 additional water approximately 10 bbls and peastone were removed from the containment to allow for an inspection of liner. It was determined that the produced water flowline to the tank was damaged and the spill occurred just beneath the liner. The leak has been stopped and soil samples will be collected to determine what impact exists and the extent.			

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:

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

Signed: _____ Print Name: Mark Keyes

Title: Env Compliance Supv Date: 10/07/2016 Email: mark.keyes@whiting.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401123111	FORM 19 SUBMITTED
401123154	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)