

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401622332

Date Received:

04/29/2018

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

454872

**SPILL/RELEASE REPORT (SUPPLEMENTAL)**

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

**OPERATOR INFORMATION**

Name of Operator: <u>WHITING OIL &amp; GAS CORPORATION</u>	Operator No: <u>96155</u>	<b>Phone Numbers</b>
Address: <u>1700 BROADWAY STE 2300</u>		Phone: <u>(970) 407-3008</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>		Mobile: <u>(432) 661-6647</u>
Contact Person: <u>Kyle Waggoner</u>		Email: <u>kyle.waggoner@whiting.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401615878

Initial Report Date: 04/21/2018 Date of Discovery: 04/19/2018 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SENE SEC 12 TWP 10N RNG 58W MERIDIAN 6

Latitude: 40.853301 Longitude: -103.807110

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

**Reference Location:**

Facility Type: TANK BATTERY  Facility/Location ID No 430096

Spill/Release Point Name: Razor 12H Battery  No Existing Facility or Location ID No.

Number: \_\_\_\_\_  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): 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): livestock grazing

Weather Condition: partly cloudy

Surface Owner: FEE Other(Specify): Timbro

**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):

An estimated 7 bbls of produced water was lost within the containment due to a leak in the piping within the lined containment at the Razor 12H. The line was immediately shut in, repaired, and the pea gravel is being removed. Upon removal the liner will be inspected for integrity.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/21/2018	Weld County	Roy R	-	email
4/21/2018	Landowner	Timbro	-	phone

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/27/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>7</u>	<u>3</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): 21 Width of Impact (feet): 14

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Measuring wheel and tape measure.

Soil/Geology Description:

Bushman fine sandy loam, 3 to 9 percent slope

Depth to Groundwater (feet BGS) 90 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>          </u>	None <input checked="" type="checkbox"/>	Surface Water	<u>990</u>	None <input 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: 04/27/2018

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)

An above ground pipe within containment released approximately 7 bbls due to a faulty connection on the threads of the piping.

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

This line has been repaired and will be pressure tested before being placed back in service.

Volume of Soil Excavated (cubic yards): 5

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:

\_\_\_\_\_

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: Environmental Coordinator Date: 04/29/2018 Email: robert.deotte@whiting.com

<u>COA Type</u>	<u>Description</u>

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401622421	SITE MAP

Total Attach: 1 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)