

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 & GAS CORPORATION</u>	Operator No: <u>96155</u>	Phone Numbers
Address: <u>1700 BROADWAY STE 2300</u>		Phone: <u>(970) 407-3008</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(432) 661-6647</u>
Zip: <u>80290</u>		Email: <u>kyle.waggoner@whiting.com</u>
Contact Person: <u>Kyle Waggoner</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 6Latitude: 40.853301 Longitude: -103.807110Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 430096Spill/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): 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: NON-CROP LANDOther(Specify): livestock grazingWeather Condition: partly cloudySurface Owner: FEEOther(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	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	7	3	<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>21</u>		Width of Impact (feet): <u>14</u>	
Depth of Impact (feet BGS): <u>0</u>		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) <u>90</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest		Water Well _____ None <input checked="" type="checkbox"/>	Surface Water <u>990</u> None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ 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)	
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure
<input type="checkbox"/> Historical-Unknown	<input type="checkbox"/> 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)	
<input checked="" type="checkbox"/> Offsite Disposal	<input 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:

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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: Robert DeOtte

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

COA Type	Description

Attachment Check List

Att Doc Num	Name
401622421	SITE MAP

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)