

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401758576

Date Received:

09/11/2018

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

457247

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>SANDRIDGE EXPLORATION & PRODUCTION LLC</u>	Operator No: <u>10598</u>	Phone Numbers
Address: <u>123 ROBERT S KERR AVE</u>		Phone: <u>(405) 4296518</u>
City: <u>OKLAHOMA CITY</u>	State: <u>OK</u>	Zip: <u>73102</u>
Contact Person: <u>Spence Laird</u>		Mobile: <u>()</u>
		Email: <u>slaird@sandridgeenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401751936

Initial Report Date: 09/01/2018 Date of Discovery: 09/01/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 9 TWP 7N RNG 80W MERIDIAN 6

Latitude: 40.585015 Longitude: -106.387129

Municipality (if within municipal boundaries): _____ County: JACKSON

Reference Location:

Facility Type: WELL

☐ Facility/Location ID No _____

Spill/Release Point Name: _____

☐ No Existing Facility or Location ID No.

Number: _____

☒ Well API No. (Only if the reference facility is well) 05-057-06589

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 <100

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): >=5 and <100

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Fluid from firedept used to put out fire mixed with other E&P products noted in this section

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 35 degrees F, ptly cloudy, Lt breeze

Surface Owner: FEE

Other(Specify): Greg Ray

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):

At approximately 0420 on 9/1/2018 flow hands at the Janet 3&4 (located on Gregory pad - ID#439603) observed a fire break out on the Castle 7 triplex unit (also on Gregory pad). Flow hands immediately shut in the Janets before evacuating the site as the flames grew larger and engulfed the Gregory/Castle pad. Fire crews were immediately dispatched and arrived on site around 0530. Pumpers, safety men, and SD employees were on site directing emergency personnel to the location and providing them with information regarding the fire. The fire was extinguished by approximately 0615. The explosion and fire also caused approximately 100 BBLs of produced water and oil to be spilled into the secondary lined containment of the triplexes on the Castles 7 and 8 and approximately 5 BBLs of oil and produced water to be spilled on the pad outside of secondary containment (no fluids of any kind went off location). At this time the cause of the incident is unknown pending further investigation.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/1/2018	COGCC	Kris Neidel	970-846-5097	Initial contact
9/1/2018	COGCC	Alex Fischer	303-501-3900	Initial contact
9/1/2018	Landowner	Greg Ray	970-846-4901	Informed of spill & fire and all wells were shut in
9/1/2018	Jack Co. V Fire Dept		-	reported to location and put out fire
9/1/2018	Jack Co. Commissioners		-	A county commissioner is fire chief and on location

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☒ No ☐

If YES, enter the Document Number of the Initial Accident Report, Form 22: 401751939

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 09/10/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	_____	_____	<input checked="" type="checkbox"/>
specify: Fluid from fire department used to put out fire mixed with other E&P products.			
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) <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): 50		Width of Impact (feet): 50	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): _____	
How was extent determined?			
Extent of impact is estimated. Area will be updated in Form 27.			

Soil/Geology Description:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401758576	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401760124	SITE MAP
401761606	FORM 19 SUBMITTED

Total Attach: 3 Files

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

Total: 0 comment(s)