

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:

400796717

Date Received:

02/23/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

440875

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# 400792643

Initial Report Date: 02/14/2015 Date of Discovery: 02/13/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 27 TWP 10N RNG 58W MERIDIAN 6Latitude: 40.808650 Longitude: -103.848944Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 434267☐ 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? 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 and <1Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): >=5 and <100Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 15 bbls of fluid was released 99% flowback water and 1% crude oil

Land Use:

Current Land Use: NON-CROP LANDOther(Specify): RangelandWeather Condition: partly cloudySurface Owner: FEEOther(Specify): Betty Castor

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):

A release occurred at the Razor 27J pad due to a partially opened valve on the side of a frac tank during flowback. The valve was closed, free liquid was recovered, and the impacted soil has been removed and stockpiled onsite. All soils impacted >Table 910-1 will be removed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|--------------|-------------|--------------|
| 2/14/2015 | Landowner | Betty Castor | 303-8635178 | notification |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|-----------------|--------------------------------------|-----------------|--------------------------|
| #1 | Supplemental Report Date: 02/20/2015 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | | 0 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 0 | 0 | <input type="checkbox"/> |
| DRILLING FLUID | 0 | 0 | <input type="checkbox"/> |
| FLOW BACK FLUID | 15 | 0 | <input type="checkbox"/> |
| OTHER E&P WASTE | 0 | 0 | <input type="checkbox"/> |

specify: _____

Was spill/release completely contained within berms or secondary containment? NO 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): 50 Width of Impact (feet): 20

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

The impacted soil was scrapped from the surface and visual evidence was used to confirm removal.

Soil/Geology Description:

The soil in the area of the release consists of the Epping Silt Loam 0-9 percent slopes and the Kim Mitchell 0-6 percent slopes. The Epping formation has depths ranging from 10 to 20 inches before encountering paralithic bedrock. The Kim Mitchell is a loam-clayey loam to depths upto 60". Both soil types are well drained. The Ksat values for the Epping Silt limiting layer range from moderately low to moderately high and the value for the Kim Mitchell are moderately high.

Depth to Groundwater (feet BGS) 37 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-------------|--|-------------------|-------------|--|
| Water Well | <u>2251</u> | None <input type="checkbox"/> | Surface Water | <u>1300</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 | <u>4650</u> | None <input type="checkbox"/> |

Additional Spill Details Not Provided Above:

The impacted soil was scrapped from the surface where the release occurred and placed on a liner that was set on an earthen berm constructed at the site to hold the impacted soil. A shredder will be brought on-site to treat the soil and the soil will be sampled and returned to the location.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/20/2015

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)

The release occurred as a result of a partially opened valve on the side of frac tank during flowback and the root cause was lack of a procedure to confirm the status of all connections on the frac tank prior to putting the tank into use.

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

Going forward the flowback team will implement training of employees to confirm all connections are in the required position needed for use before allowing liquids to enter the tank.

Volume of Soil Excavated (cubic yards): 6

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: _____

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 Coord Supervisor Date: 02/23/2015 Email: mark.keyes@whiting.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400796717 | FORM 19 SUBMITTED |
| 400797256 | TOPOGRAPHIC MAP |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)