

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:

400817070

Date Received:

03/30/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

441208

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: WHITING OIL & GAS CORPORATION	Operator No: 96155	<b>Phone Numbers</b>
Address: 1700 BROADWAY STE 2300		Phone: (970) 407-3007
City: DENVER State: CO Zip: 80290		Mobile: (989) 390-4189
Contact Person: Mark Keyes		Email: mark.keyes@whiting.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400812766

Initial Report Date: 03/20/2015 Date of Discovery: 03/19/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 18 TWP 10N RNG 58W MERIDIAN 6

Latitude: 40.836343 Longitude: -103.905900

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No 328137  
 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >=1 and <5

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: OTHER Other(Specify): Rangeland

Weather Condition: Clear 70 F

Surface Owner: FEE Other(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):

A condensate leak was found on a flowline leading to a treater due to a loose union. The union was tightened stopping the leak. The liquid was contained with soil and the impacted soil will be excavated and placed on a liner for onsite remediation via soil shredding.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
3/20/2015	FEE	Gene Nelson	970-8953352	Phone contact
3/20/2015	Weld County	Roy Rudisill	970-3046540	Phone contact

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 03/30/2015

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	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): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

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

How was extent determined?

A leak surfaced on the inlet line to the separator on the Nelson Ranches C-1. The area was excavated to determine the source and a union on the line was loose and tightened. Additional excavation around the line indicated the soil was impacted and a drill rig was scheduled to delineate the extent.

Soil/Geology Description:

Kim-Mitchell complex 0 to 6 percent slopes.

Depth to Groundwater (feet BGS) 104 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>3072</u>	None <input type="checkbox"/>	Surface Water	_____	None <input checked="" type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>2750</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	03/30/2015
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
After excavating the impacted soil a union on the pipeline was discovered to have loosened as a result of corrosion, allowing liquid to be released through the threads.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Whiting will be hydro-testing flow-lines on an annual basis to monitor line integrity.		
Volume of Soil Excavated (cubic yards): _____ 4		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input checked="" 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: \_\_\_\_\_

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 Supv Date: 03/30/2015 Email: mark.keyes@whiting.com

### Attachment Check List

Att Doc Num	Name
400817225	TOPOGRAPHIC MAP

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)