

**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: <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) 407-3007</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# 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 6Latitude: 40.836343 Longitude: -103.905900Municipality (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): 0Estimated Condensate Spill Volume(bbl): >=1 and <5Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: OTHEROther(Specify): RangelandWeather Condition: Clear 70 FSurface Owner: FEEOther(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		
<b>FLUIDS</b>	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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): _____		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) <u>104</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
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

### COA Type

### Description

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## Attachment Check List

Att Doc Num	Name
400817070	FORM 19 SUBMITTED
400817225	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

User Group	Comment	Comment Date
Environmental	The Operator shall submit a Form 19 Supplemental Report that documents the successful remediation of the release within 90 days of the release date. Supporting documentation shall include confirmation soil samples to document removal of impacts from soil in the release area, confirmation soil samples for any soil treated onsite, and a site diagram that illustrates the release extent and location of confirmation soil samples. If the spill remediation cannot be completed within the requested timeframe, the Operator shall submit a Form 27 Site Investigation and Remediation Workplan with a proposed timeline for remediation.	4/2/2015 2:25:38 PM

Total: 1 comment(s)