

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400879317

Date Received:

08/04/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

438672

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) 4073008</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(432) 6616647</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# 400671769

Initial Report Date: 08/24/2014 Date of Discovery: 08/22/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR Lot 2 SEC 20 TWP 10N RNG 58W MERIDIAN 6Latitude: 40.827372 Longitude: -103.895316Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☐ Facility/Location ID No _____☒ 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): >=5 and <100Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: sunnySurface 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):

The flowline from the Nelson Ranches A7 was being replaced and historical staining was observed inside the tank battery on the flowline. Due to the volume of impacted soil it is estimated that 7 bbls of crude oil were released. The impacted soil has been excavated and taken to the Waste Management for disposal. Sidewall confirmation samples have been collected to determine if the excavation limits meet Table 910-1 limits.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/22/2014	land owner	Gene Nelson	970-8953325	

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	07/07/2015		
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)				
Impacts were observed while replacing the flowline.				
Describe measures taken to prevent the problem(s) from reoccurring:				
All flow lines have been pressure tested for leaks.				
Volume of Soil Excavated (cubic yards): 364				
Disposition of Excavated Soil (attach documentation)				
<input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment				
<input checked="" type="checkbox"/> Other (specify) 150 disposed 214 treated onsite				
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:

Remediation activities have been completed as all remaining soil concentrations are <Table 910.1 thresholds.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Kyle Waggoner

Title: Field Regulatory Manager Date: 08/04/2015 Email: kyle.waggoner@whiting.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400879348	OTHER
400879349	ANALYTICAL RESULTS
400879350	ANALYTICAL RESULTS
400879351	ANALYTICAL RESULTS
400879352	ANALYTICAL RESULTS
400879353	ANALYTICAL RESULTS
400879354	SITE MAP
400879355	SITE MAP
400879356	ANALYTICAL RESULTS

Total Attach: 9 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)