

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400895945

Date Received:

09/04/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

443067

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>()</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 397-9275</u>
Zip: <u>80290</u>		Email: <u>robert.deotte@whiting.com</u>
Contact Person: <u>Robert DeOtte</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400891732

Initial Report Date: 08/28/2015 Date of Discovery: 08/27/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 1 TWP 9N RNG 59W MERIDIAN 6Latitude: 40.782361 Longitude: -103.934958Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: PIPELINE☐ 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): 0Estimated Condensate Spill Volume(bbl): >=1 and <5Estimated 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): 0Specify: Pipeline carries a mixture of condensate and produced water.

Land Use:

Current Land Use: NON-CROP LANDOther(Specify): RangelandWeather Condition: Sunny, 85 FSurface Owner: FEEOther(Specify): Timbro Land & Cattle Co

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

A utility company was setting poles and struck a polyline. Pipeline was shut in and free liquids were contained with soil. Impacted soils will be excavated and placed on liner to be treated onsite.

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/28/2015	Landowner	Timbro Land & Cattle Co	970-396-5885	Phone call

#1	Supplemental Report Date: <u>09/04/2015</u>		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>3</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>3</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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): <u>7</u>	
		Width of Impact (feet): <u>8</u>	
Depth of Impact (feet BGS): <u>4</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Measuring wheel and tape measure.			
Soil/Geology Description:			
Kim-Mitchell; 0 to 6 percent slopes			
Depth to Groundwater (feet BGS) <u>60</u>		Number Water Wells within 1/2 mile radius: <u>4</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>394</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 _____ None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			
Utility service struck a poly gathering line that affected the following wells. Terrace 36-11H, Wolf 36-3624H, Wolf 35-2613H, Wolf 35-2623, Wildhorse 16-42H, Wildhorse 16-1613BH, Wildhorse 16-13H, Wildhorse 18-1834H, Wildhorse 18-1844H, Wildhorse 02-0214AH, Wildhorse 02-0214H, Wildhorse 02-0224H, Pawnee 16-13H.			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/04/2015

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)

Utility service setting electrical poles struck a gathering line. Investigation is on going.

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

Investigation and measures to prevent the problem are on going.

Volume of Soil Excavated (cubic yards): 20

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: _____

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Robert DeOtte
Title: Env. Coord. Date: 09/04/2015 Email: robert.deotte@whiting.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400896029	SITE MAP

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)