

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:

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: WHITING OIL & GAS CORPORATION	Operator No: 96155	Phone Numbers
Address: 1700 BROADWAY STE 2300		Phone: ()
City: DENVER State: CO Zip: 80290		Mobile: (970) 397-9275
Contact Person: Robert DeOtte		Email: robert.deotte@whiting.com

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 6

Latitude: 40.782361 Longitude: -103.934958

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

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

Specify: Pipeline carries a mixture of condensate and produced water.

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): Rangeland

Weather Condition: Sunny, 85 F

Surface Owner: FEE Other(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

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

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.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 09/04/2015

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? 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): 7 Width of Impact (feet): 8

Depth of Impact (feet BGS): 4 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) 60 Number Water Wells within 1/2 mile radius: 4

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

Att Doc Num	Name
400896029	SITE MAP

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)