

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:

400966056

Date Received:

01/08/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444502

SPILL/RELEASE REPORT (INITIAL)

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>SANDRIDGE EXPLORATION & PRODUCTION LLC</u>	Operator No: <u>10598</u>	Phone Numbers Phone: <u>()</u> Mobile: <u>(405) 590-7483</u> Email: <u>charwell@sandridgeenergy.com</u>
Address: <u>123 ROBERT S KERR</u>		
City: <u>OKLAHOMA CITY</u>	State: <u>OK</u> Zip: <u>73102</u>	
Contact Person: <u>Clay Harwell</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400966056

Initial Report Date: 01/07/2016 Date of Discovery: 01/05/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 12 TWP 7N RNG 81W MERIDIAN 6Latitude: 40.596919 Longitude: -106.426348Municipality (if within municipal boundaries): _____ County: JACKSON

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 412905☐ 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? No

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 and <1Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated 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: 19 degrees; clearSurface Owner: FEE

Other(Specify): _____

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 produced water production line separated from a hammer Union (3"). Suspect freezing- discovered the heat trace line isolated from produced water line. The spill will be remediated- schedule repairs to the hammer Union and reroute trace line correctly.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/6/2016	COGCC	Kris Neidel	970-871-1963	Form 19 to be filed
			-	

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: Tiffany Golay

Title: Sr Regulatory Tech Date: 01/08/2016 Email: tgolay@sandridgeenergy.com

COA Type

Description

	In box titled "specify", under heading "Fluid(s) Spilled /Released (please answer Yes/No)"; should include the specific volume of fluids spilled. Example: Estimated Produced Water Spill Volume was selected as ">=5and<100", if volume spilled was 65 BBLs, this should be included in "specify" box.
	Staff talked to Operator representative, Clay Harwell. It was agreed that we will discuss these issues further to assure proper reporting.
	Facility Id provided is not correct, work with COGCC staff, Kris Neidel for guidance in selecting Facility number for reports.
	spill map should be of spill area; it should define (visually) the spill path. Supplemental report should include the spill map with required information.
	Lat/Long provided is for wellhead, the Lat/Long on Form 19 should be for the point of spill/discharge. Please provide this Lat/Long on supplemental report (due 10 days from date of discovery).

Attachment Check List

Att Doc Num

Name

400966056	FORM 19 SUBMITTED
400966842	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)