

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400972044

Date Received:

01/15/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444502

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>SANDRIDGE EXPLORATION & PRODUCTION LLC</u> | Operator No: <u>10598</u> | Phone Numbers |
| Address: <u>123 ROBERT S KERR</u> | | Phone: <u>()</u> |
| City: <u>OKLAHOMA CITY</u> | State: <u>OK</u> | Mobile: <u>(405) 590-7483</u> |
| Zip: <u>73102</u> | | Email: <u>charwell@sandridgeenergy.com</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 6

Latitude: 40.596919 Longitude: -106.426348

Municipality (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 <1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: 19 degrees; clear

Surface 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 |
| | | | - | |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|-----------------|--------------------------------------|-----------------|--------------------------|
| #1 | Supplemental Report Date: 01/15/2016 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 1 | 1 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 60 | 60 | <input 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? YES 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): 70 Width of Impact (feet): 40

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): _____

How was extent determined?

location had plastic liner

Soil/Geology Description:

gravel over liner

Depth to Groundwater (feet BGS) 2 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-------------------|--|-------------------|-------------------|--|
| Water Well | <u> </u> | None <input checked="" type="checkbox"/> | Surface Water | <u>209</u> | None <input type="checkbox"/> |
| Wetlands | <u> </u> | None <input checked="" type="checkbox"/> | Springs | <u> </u> | None <input checked="" type="checkbox"/> |
| Livestock | <u> </u> | None <input checked="" type="checkbox"/> | Occupied Building | <u> </u> | None <input checked="" type="checkbox"/> |

Additional Spill Details Not Provided Above:

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:

updated ground water and surface water information

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: 01/15/2016 Email: tgolay@sandridgeenergy.com

COA Type

Description

| | |
|--|--|
| | |
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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)