

Form 19A Spill/Release Response Report

COGCC Representative: Spencer, Stan
Receive Date: 10/12/2016
Document #: 2527007
Status: APPROVED
Project Number:

Operator Information Operator Number: 96155 Name & Address:	Contact Name and Telephone Name: Phone Number: () Fax Number: () Email: Facility_id 335891
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Location Information:				
Facility Name-Number: - Well Name-Number: -				
QTRQTR: SESE	SEC: 19	TWP: 2S	RNG: 97W	Meridian: 6

OGCC Employee : **Spencer Stan** Spill/Release Tracking Number : **2147953**

Date (Final Resolution) : ____ Letter sent? : **N**
Details (Final Resolution) : ____ Check When Case Is Closed : **Y**

doc_num	line_item	detail_type	notify_date	party	contact	details	area_code	phone_num	email
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Submitted by: WHITING OIL & GAS CORPORA	Submitted Title:	Date Submitted: 10/12/2016	Submit Signed:
Approved by: Spencer, Stan	Approved Title:	Approval Date: 10/12/2016	Approval Signed:

Comments/Remarks for this form

COGCC Conditions of Approval

Status: APPROVED