

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:

401161777

Date Received:

12/07/2016

**SPILL/RELEASE REPORT (INITIAL)**

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

448601

**OPERATOR INFORMATION**

|   |                           |  |
|---|---------------------------|--|
| Name of Operator: <u>SANDRIDGE EXPLORATION &amp; PRODUCTION LLC</u> | Operator No: <u>10598</u> | <b>Phone Numbers</b>                       |
| Address: <u>123 ROBERT S KERR AVE</u>                               |                           | Phone: <u>(580) 430-4605</u>               |
| City: <u>OKLAHOMA CITY</u>  | State: <u>OK</u>          | Zip: <u>73102</u>                          |
| Contact Person: <u>Clay Harwell</u>                                 |                           | Mobile: <u>(405) 590-7483</u>              |
|   |                           | Email: <u>charwell@sandridgeenergy.com</u> |

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401161777

Initial Report Date: 12/06/2016 Date of Discovery: 12/06/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NENE SEC 32 TWP 7N RNG 80W MERIDIAN 6

Latitude: 40.540160 Longitude: -106.391286

Municipality (if within municipal boundaries): \_\_\_\_\_ County: JACKSON

**Reference Location:**

Facility Type: TANK BATTERY  Facility/Location ID No \_\_\_\_\_

No Existing Facility or Location ID No.

Well API No. (Only if the reference facility is well) 05-057-06467

**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): 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: -20 F PARTLY CLOUDY

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):

A pressure relief line froze and cracked due to extreme cold, causing production water to spill into lined containment. Replace the broken line, Install heat trace and insulate piping.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

| <u>Date</u> | <u>Agency/Party</u>  | <u>Contact</u>          | <u>Phone</u> | <u>Response</u>                      |
|-------------|----------------------|-------------------------|--------------|--------------------------------------|
| 12/6/2016   | CGOCC                | Kris Nediell            | 970-871-1963 | Was notified of the spill vis email. |
| 12/6/2016   | Landowner            | Jack and Vaneta Haworth | 970-723-4614 | Was notified by Mr. Doud SandRidge   |
| 12/6/2016   | Jackson County Admin | Mr. Kent Crowder        | 970-723-4660 | Was notified by Mr. Doud SandRidge   |

**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: Clay Harwell  
Title: Remediation Manager Date: 12/07/2016 Email: charwell@sandridgeenergy.com

**COA Type**

**Description**

|  |   |
|--|---|
|  | Lat/Long provided appears to be for the wellhead. Lat/Long on spill reports should be for the spill discharge point. Please provide location of spill discharge point on Supplemental Report. |
|  | Supplemental report should describe the discrepancy between; spill fluid volume and recovered volume. It was reported that spill was inside lined containment.                                |

**Attachment Check List**

**Att Doc Num**

**Name**

|           |                   |
|-----------|-------------------|
| 401161777 | FORM 19 SUBMITTED |
|-----------|-------------------|

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

|               |  |            |
|---------------|--|------------|
| Environmental | Spill was reported within 24 hours via email to COGCC. | 12/07/2016 |
|---------------|--|------------|

Total: 1 comment(s)