

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401187861

Date Received:

01/18/2017

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

448929

SPILL/RELEASE REPORT (SUPPLEMENTAL)

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.

OPERATOR INFORMATION

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401179619

Initial Report Date: 01/06/2017 Date of Discovery: 01/06/2017 Spill Type: Recent Spill

Spill/Release Point Location:

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

Latitude: 40.598306 Longitude: -106.415469

Municipality (if within municipal boundaries): County: JACKSON

Reference Location:

Facility Type: WELL Facility/Location ID No
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-057-06499

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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl):	>=1 and <5	Estimated Condensate Spill Volume(bbl):	0
Estimated Flow Back Fluid Spill Volume(bbl):	0	Estimated Produced Water Spill Volume(bbl):	0
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: Sunny 10 degree F7 Winf 7 mph

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 pressure gauge on the tubing flow line burst from the minus 40 temps. We are utilizing a hot air trailer to melt snow and vacuum truck to suck up spilled fluid. 4 BBL of oil spilled and 4 BBL of oil was recovered along with melted snow. Isolated all the valves to gauges on wellheads and replaced the pressure gauge.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
	COGCC	Kris Neidel	970-871-1963	Mr. Neidel was notified via email about the spill

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/18/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	4	4	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<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): _____ Width of Impact (feet): _____

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

How was extent determined?

Visually, the spill was confined around the wellhead and did not impact any other wellheads on the location.

Soil/Geology Description:

Gravels and Alluviums (Pinedale and Bull Lake Age)

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

If less than 1 mile, distance in feet to nearest

Water Well	<u>617</u>	None <input type="checkbox"/>	Surface Water	<u>1771</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>500</u>	None <input type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

The spill was confined around the wellhead and did not leave the well pad.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/18/2017

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)

The pressure gauge on the tubing flow line burst from the minus 40 temps. We are utilizing a hot air trailer to melt snow and vacuum truck to suck up spilled fluid. 4 BBL of oil spilled and 4 BBL of oil was recovered along with melted snow.

Describe measures taken to prevent the problem(s) from reoccurring:

Isolated all the valves to gauges on wellheads and replaced the pressure gauge.

Volume of Soil Excavated (cubic yards): 0

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: Clay Harwell

Title: Remediation Supervisor Date: 01/18/2017 Email: charwell@sandridgeenergy.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401188197	SITE MAP
401188204	TOPOGRAPHIC MAP
401188233	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)