

State of Colorado Oil and Gas Conservation Commission

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Document Number:

401196737

Date Received:

01/30/2017

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

449003

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: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>	Phone Numbers
Address: <u>1700 BROADWAY STE 2300</u>		Phone: <u>(970) 4073008</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(432) 6616647</u>
Zip: <u>80290</u>		Email: <u>kyle.waggoner@whiting.com</u>
Contact Person: <u>Kyle Waggoner</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401190758

Initial Report Date: 01/22/2017 Date of Discovery: 01/21/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 30 TWP 10N RNG 58W MERIDIAN 6

Latitude: 40.808304 Longitude: -103.910576

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 430314

☐ 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

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: 7 bbls Produced Water

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Partly Cloudy 25F

Surface Owner: FEE

Other(Specify): Gene Nelson

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):

On January 21 produced water was observed puddled around the produced water skid at the Razor 30K. Approximately 7 bbls or produced water were released inside the lined containment. A crew was dispatched on 1/21 to recover the produced water and to remove the stones inside the containment. The liner integrity will be inspected after the materials have been removed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/22/2017	Land Owner	Gene Nelson	970-879-3352	Notified

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 01/30/2017		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	7	7	<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): 20 Width of Impact (feet): 20

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

How was extent determined?

All of the pea gravel and produced water within the containment was removed and the liner integrity was inspected. Once the liner was exposed it was inspected and found to be in good working condition. Based upon this inspection, it was determined that the produced water did not impact the native soils.

Soil/Geology Description:

Kim Mitchell Complex

Depth to Groundwater (feet BGS) 145 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>4373</u>	None <input type="checkbox"/>	Surface Water	<u>1933</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>200</u>	None <input type="checkbox"/>	Occupied Building		None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Since the produced water was contained within the synthetic liner, no soil samples were collected.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/30/2017

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 seal on the water pump failed resulting in the release. Upon inspection of the pump seal it appeared to have incurred excessive wear.

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

The entire pump and seal was replaced.

Volume of Soil Excavated (cubic yards): 16

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: Kyle Waggoner

Title: Field Regulatory Manager Date: 01/30/2017 Email: kyle.waggoner@whiting.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401197301	DISPOSAL MANIFEST

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)