

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

401198611

Date Received:

01/31/2017

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:

449099

OPERATOR INFORMATION

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401198611

Initial Report Date: 01/31/2017 Date of Discovery: 01/30/2017 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE 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 PAD 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): Unknown Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

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: Clear, 0-20 degrees F

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):

On, January 19, 2017, historical hydrocarbon impacts were observed during hydrovac activities around the wellhead. The limits of the hydrovac excavation were approximately 6 feet by 3 feet by 1 foot deep. No groundwater was encountered. One soil sample was collected for BTEX and TPH analysis. Laboratory analytical results were received on January 31, 2017. TPH concentrations were 7,600 mg/kg and benzene concentrations were 9.1 mg/kg. These concentrations exceed the COGCC Table 910-1 allowable limits. Delineation of the soil impacts is ongoing.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/31/2017	Jackson County	Kent Drowder	970-723-4660	Email - No Response

OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Jess Alexander

Title: Project Env. Scientist Date: 01/31/2017 Email: jalexander@ltenv.com

COA Type

Description

	Any visible hydrocarbon should be removed upon discovery, per rule 907.a.(1).
	From discussion with operator is understood that the spill extent will be determined when weather conditions allow (after snowmelt).
	Cellar and local area should be monitored on a regular basis until site conditions allow full remediation.

Attachment Check List

Att Doc Num

Name

401198611	SPILL/RELEASE REPORT(INITIAL)
401198652	ANALYTICAL RESULTS
401198729	TOPOGRAPHIC MAP
401201291	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)