

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401269670

Date Received:

05/01/2017

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

449099

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: (405) 590-7483
City: OKLAHOMA CITY	State: OK Zip: 73102	Mobile: (405) 590-7483
Contact Person: Clay Harwell		Email: charwell@sandridgeenergy.com

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

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 05/01/2017

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO 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): 6 Width of Impact (feet): 5

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): 60

How was extent determined?

Presently, SandRidge is conducting a site investigation to determine the extent of impact. The extent has not yet been fully delineated.

Soil/Geology Description:

Bosler sandy loam

Depth to Groundwater (feet BGS) 5 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest

Water Well	<u>640</u>	None <input type="checkbox"/>	Surface Water	<u>1630</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>1980</u>	None <input type="checkbox"/>	Occupied Building	<u>3750</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/28/2017

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)

Historical hydrocarbon impact was observed. The root cause of the release cannot be determined.

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

Routine maintenance and monitoring of equipment.

Volume of Soil Excavated (cubic yards): 4

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: EH&S Supervisor Date: 05/01/2017 Email: charwell@sandridgeenergy.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)