

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401511301

Date Received:

01/12/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

453634

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: WHITING OIL & GAS CORPORATION	Operator No: 96155	Phone Numbers
Address: 1700 BROADWAY STE 2300		Phone: (970) 407-3008
City: DENVER State: CO Zip: 80290		Mobile: (432) 661-6647
Contact Person: Kyle Waggoner		Email: kyle.waggoner@whiting.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401500855

Initial Report Date: 01/03/2018 Date of Discovery: 01/02/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 7 TWP 10N RNG 57W MERIDIAN 6

Latitude: 40.851930 Longitude: -103.791090

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 446980
 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? 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): >=5 and <100 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: Cloudy, 20-30 deg F

Surface Owner: FEE Other(Specify): Jackie Fiscus

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):

Approximately 5 bbls of crude oil was released at the Horsetail 07 East facility from the pop off on the free water knockout. The pop off was set to release at 125 pounds, however SCADA shows that the maximum pressure was 90 pounds at the time of the release. We have now set the pressure to 80 pounds on the knock out to give more of a window. The pop off was tested on 1/2/2018 and it passed for the set point and shows to be working properly (10 times in a row). Impacted soils will be placed on a liner with containment for onsite treatment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/3/2018	Landowner	Jackie Fiscus	970-466-9205	Notified
1/3/2018	Weld County	Roy Rudisill	-	Notified

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/12/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	5	0	<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? 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): 250 Width of Impact (feet): 250

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

How was extent determined?

Measuring wheel and tape measure. The release resulted in a fine mist that covered the impacted area and due to temperatures did not impact the subsurface soils.

Soil/Geology Description:

Nunn loam, 0 to 6 percent slopes.

Depth to Groundwater (feet BGS) 90 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>2425</u>	None <input type="checkbox"/>	Surface Water	<u>318</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock		None <input checked="" type="checkbox"/>	Occupied Building		None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	01/12/2018
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
After evaluating the cause of the release, it was determined to be an apparent PSV failure.		
Describe measures taken to prevent the problem(s) from reoccurring:		
The PSV was rebuilt and recertified by a third party service company.		
Volume of Soil Excavated (cubic yards):		
20		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input checked="" type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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:

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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: Mark Keyes

Title: Env Compliance Supervisor Date: 01/12/2018 Email: Mark.Keyes@whiting.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401511371	TOPOGRAPHIC MAP

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)