

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:

401616949

Date Received:

04/23/2018

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

454783

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) 407-3008</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>		Mobile: <u>(432) 661-6647</u>
Contact Person: <u>Kyle Waggoner</u>		Email: <u>kyle.waggoner@whiting.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401608665

Initial Report Date: 04/15/2018 Date of Discovery: 04/14/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 36 TWP 10N RNG 60W MERIDIAN 6

Latitude: 40.786825 Longitude: -104.042591

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 430098

Spill/Release Point Name: _____ No Existing Facility or Location ID No.

Number: _____ 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: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): Ranchland

Weather Condition: Sunny, windy, 40-70 deg F

Surface Owner: STATE Other(Specify): State of Colorado

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 30 bbls of produced water was released at the Church 36-2523H due to a hole in the water tank. The well had been shut in, liquids have been removed from the tank, free liquids have been recovered from the containment, and the impacted pea gravel will be taken for offsite disposal.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
	Weld County	Roy Rudisill	-	e-mail
	State of Colorado	Steve Freese	-	e-mail

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/23/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	30	10	<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): 36 Width of Impact (feet): 32

Depth of Impact (feet BGS): 2 Depth of Impact (inches BGS): _____

How was extent determined?

Measuring wheel and tape measure.

Soil/Geology Description:

Ascalon fine sandy loam, 0 to 6 percent slope.

Depth to Groundwater (feet BGS) 85 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>2510</u>	None <input type="checkbox"/>	Surface Water	<u>3296</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: 04/23/2018

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)

A hole in the produced water tank was caused by internal corrosion resulting in the release.

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

The tank has been removed and will be replaced with a lined produced water tank that will be inspected before being placed into service.

Volume of Soil Excavated (cubic yards): 15

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: Robert DeOtte
Title: Environmental Coordinator Date: 04/23/2018 Email: robert.deotte@whiting.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401616949	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401617000	SITE MAP
401617586	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)