

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

401906033

Date Received:

01/15/2019

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:

460719

OPERATOR INFORMATION

Name of Operator: SANDRIDGE EXPLORATION & PRODUCTION LLC	Operator No: 10598	Phone Numbers
Address: 123 ROBERT S KERR AVE		Phone: (405) 429-5745
City: OKLAHOMA CITY	State: OK Zip: 73102	Mobile: (405) 651-6853
Contact Person: Matt Church		Email: mchurch@sandridgeenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401906033

Initial Report Date: 01/15/2019 Date of Discovery: 01/15/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 9 TWP 7N RNG 80W MERIDIAN 6

Latitude: 40.585538 Longitude: -106.388126

Municipality (if within municipal boundaries): County: JACKSON

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 439603
 Spill/Release Point Name: Gregory No Existing Facility or Location ID No.
 Number: 0780 1-09H 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): >=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: 1 degrees F, Clear SW 6 MPH Wind
 Surface Owner: FEE Other(Specify): Kohlman's OK LP

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):

Cold weather conditions caused equipment and programming malfunction MOVs did not shut which allowed the wells to continue to produce, overrun the allocation vessels, and send liquid down the gas line which was able to dump into the slop/condensate tank. The tank overflowed and led into a total of approximately 6 BBLs of oil was spilled - 5.5 within earthen containment and 0.5 outside of containment. The spill was discovered at 7:30 AM on 1/15/2019. COGCC was contacted to initiate Form 19 procedures. Hydro vac arrived shortly after the spill was found and the system was shut down. Cleanup procedures are underway and are expected to be completed the week ending 1/18/2019 with ongoing efforts as required by the COGCC.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/15/2019	COGCC	Kris Neidel	970-846-5097	Initial 24 hour notification contact
	Jackson County Administrator	Kent Crowder	970-723-4660	Informed of spill and cleanup procedures
	Land Owner	Greg Ray (Shaw Silverberg)	970-219-3561	Greg is out on vacation and met Shawnface to face to inform of spill and cleanup procedures. Shawn is managing the Kohlman's ranch.

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

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: Joel Mason

Title: Project Manager Date: 01/15/2019 Email: Joel.Mason@absarokasolutions.com

COA Type	Description
	Supplemental report should include an aerial (or equivalent) showing the release point and impacted area.
	It appears that there is an irrigation ditch on the northwest side of the location. Did spill impact this ditch?
	Why could berm not contain 6 bbls that was spilled?
	Assess nature and extent of contamination with confirmation soil samples. Remediate to Table 910-1 standards and provide documentation in a Supplemental. F-19 if cleaned up in a short period of time or F-27 if extended remediation is required.

Attachment Check List

Att Doc Num	Name
401906033	SPILL/RELEASE REPORT(INITIAL)
401906277	SITE MAP
401906982	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)