

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:

401949426

Date Received:

02/23/2019

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

462655

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.

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	Mobile: (405) 651-6853
	Zip: 73102	Email: mchurch@sandridgeenergy.com
Contact Person: Matt Church		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401949426

Initial Report Date: 02/23/2019 Date of Discovery: 02/22/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 17 TWP 7N RNG 80W MERIDIAN 6

Latitude: 40.584359 Longitude: -106.404626

Municipality (if within municipal boundaries): County: JACKSON

Reference Location:

Facility Type: OIL AND GAS LOCATION Facility/Location ID No 324757

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

Number: 01-17H 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): >=100 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: 0F, Clear, Calm

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):

At approximately 2330 on 2/22/2019 we had a spill on the Mutual Pad. Initial estimates are 360 bbls of flowback water were spilled outside of secondary containment. The source was a clean out hatch that failed on a Rain for Rent temporary frac tank.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/23/2019	Landowner	Greg Ray	970-846-4901	24 hour initial phone call
2/23/2019	COGCC	Kris Neidel	970-846-5097	24 hour initial phone call & email
2/23/2019	COGCC	Alex Fischer	303-894-2100	24 hour initial email
	Jackson County Administrator	Kent Crowder	970-723-4660	24 hour initial email

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: Matt Church

Title: EH&S Specialist Date: 02/23/2019 Email: mchurch@sandridgeenergy.com

<u>COA Type</u>	<u>Description</u>
	On the supplemental F19, provide volume of fluids recovered.
	Collect a sample of the fluids spilled and analyze for those constituents outlined in Rule 609.e.(2) and (3) for documenting remedial efforts.
	Assess nature and extent of contamination with confirmation soil samples. Remediate to Table 910-1 standards and provide documentation in a either a Supplemental F-19 if cleaned up immediately and/or F-27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401949426	SPILL/RELEASE REPORT(INITIAL)
401949427	SITE MAP
401949428	TOPOGRAPHIC MAP
401949429	AERIAL PHOTOGRAPH
401952044	FORM 19 SUBMITTED

Total Attach: 5 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)