

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:

401963041

Date Received:

03/06/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

463124

## 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: <u>WHITING OIL &amp; GAS CORPORATION</u>	Operator No: <u>96155</u>	<b>Phone Numbers</b> Phone: <u>(970) 437-4113</u> Mobile: <u>(432) 661-6647</u> Email: <u>kyle.waggoner@whiting.com</u>
Address: <u>1700 BROADWAY STE 2300</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80290</u>	
Contact Person: <u>Kyle Waggoner</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401963041

Initial Report Date: 03/06/2019 Date of Discovery: 03/06/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 27 TWP 10N RNG 58W MERIDIAN 6

Latitude: 40.809367 Longitude: -103.844532

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 433999  
Spill/Release Point Name: Razor ☐ No Existing Facility or Location ID No.  
Number: 271 ☐ 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): >=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 25F

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 March 6, 2019 at approximately 9:30am a release occurred at the Razor 27i. Approximately 130 bbls of crude oil was released inside a non-lined containment . The cause of the release is currently under investigation but is associated with a recycle line that comes off one of the oil process vessels. A crew was dispatched on March 6, 2019 to recover the crude oil and to remove the impacted soil inside the containment. The plan going forward is to remove the impacted soil via hyrdovac and mechanical excavation, sample the extents of the excavation, dispose of the impacted soil at an approved disposal facility.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/6/2019	BLM	Mark Lyon	719-239-4464	Notified
3/6/2019	Weld County	Roy Rudisill	970-304-6540	Email
3/6/2019	Land Owner	Ron Timmeran	970-396-5885	Notified

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:**

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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: Tom Banks  
Title: Environmental Coordinator Date: 03/06/2019 Email: tom.banks@whiting.com

**COA Type**

**Description**

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**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401963041	SPILL/RELEASE REPORT(INITIAL)
401963207	TOPOGRAPHIC MAP
401965303	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	revised lat/lon based on correspondence with Operator	03/08/2019
Environmental	pending lat/lon verification	03/06/2019

Total: 2 comment(s)