

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:

401973739

Date Received:

03/15/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

463124

### 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 &amp; GAS CORPORATION</u> | Operator No: <u>96155</u> | <b>Phone Numbers</b>                    |
| Address: <u>1700 BROADWAY STE 2300</u>                     |                           | Phone: <u>(970) 437-4113</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# 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 hydovac 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**

| Date     | Agency/Party | Contact      | Phone        | Response |
|----------|--------------|--------------|--------------|----------|
| 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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 03/15/2019

| FLUIDS          | BBL's SPILLED | BBL's RECOVERED | Unknown                  |
|-----------------|---------------|-----------------|--------------------------|
| OIL             | <u>130</u>    | <u>60</u>       | <input type="checkbox"/> |
| CONDENSATE      | <u>0</u>      | <u>0</u>        | <input type="checkbox"/> |
| PRODUCED WATER  | <u>0</u>      | <u>0</u>        | <input type="checkbox"/> |
| DRILLING FLUID  | <u>0</u>      | <u>0</u>        | <input type="checkbox"/> |
| FLOW BACK FLUID | <u>0</u>      | <u>0</u>        | <input type="checkbox"/> |
| OTHER E&P WASTE | <u>0</u>      | <u>0</u>        | <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): 40 Width of Impact (feet): 90

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Visually inspected and measured

Soil/Geology Description:

27-Epping silt loam, 61-Stoneham fine

Depth to Groundwater (feet BGS) 37 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest Water Well 2558 None  Surface Water \_\_\_\_\_ None

Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/15/2019

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)

Flange on oil process vessel/recycle pump failed resulting in crude oil to be released. Once the insulation is removed, further investigations will be done to determine the specific cause.

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

After further investigating the flange and causal factors, appropriate corrective actions will be implemented prior to restart.

Volume of Soil Excavated (cubic yards): 65

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: Tom Banks  
 Title: Environmental Coordinator Date: 03/15/2019 Email: tom.banks@whiting.com

| COA Type | Description   |
|----------|---|
|          | If Operator decides to perform onsite treatment of impacted material, a Form 27 Site Investigation and Remediation Workplan will be required. |

### Attachment Check List

| Att Doc Num | Name                               |
|-------------|------------------------------------|
| 401973739   | SPILL/RELEASE REPORT(SUPPLEMENTAL) |
| 401981878   | FORM 19 SUBMITTED                  |

Total Attach: 2 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)