

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:

401992116

Date Received:

04/01/2019

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

462655

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

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: 13005

OPERATOR COMMENTS:

Request to transfer to a Form 27

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: 04/01/2019 Email: joel.mason@absarokasolutions.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)