

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402024278

Date Received:

05/02/2019

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

464101

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
Address: 123 ROBERT S KERR AVE		Phone: (405) 429-5745
City: OKLAHOMA CITY State: OK Zip: 73102		Mobile: ()
Contact Person: Matt Church		Email: mchurch@sandridgeenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402016730

Initial Report Date: 04/22/2019 Date of Discovery: 04/22/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 29 TWP 8N RNG 80W MERIDIAN 6

Latitude: 40.629891 Longitude: -106.395316

Municipality (if within municipal boundaries): County: JACKSON

Reference Location:

Facility Type: WELL Facility/Location ID No _____
 Spill/Release Point Name: Patriot 0880 No Existing Facility or Location ID No.
 Number: 12-32H5 Well API No. (Only if the reference facility is well) 05-057-06615

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): 0	Estimated Produced Water Spill Volume(bbl): 0
Estimated Other E&P Waste Spill Volume(bbl): >=1 and <5	Estimated Drilling Fluid Spill Volume(bbl): >=1 and <5

Specify: OBM

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____
 Weather Condition: 28F, Overcast, Calm
 Surface Owner: FEE Other(Specify): Grizzly Land, LLC

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 0500 while drilling ahead, the sensor on the flow line to the gas buster blew off releasing approximately 5 bbls. of drilling fluid and OBM into secondary containment within the substructure and tip tank, and 1 bbl. of fluid and OBM outside of secondary containment between the trip tank and mud tanks. The derrick man was standing at the shakers at the time of occurrence and he notified the driller to shut the pump off. Derrick man was also able to close valve going up the gas buster to isolate gas buster from draining back to the flow line preventing a larger release. A new gasket and bolts were placed on the flow line sensor and reinstalled. Site cleanup began immediately and the contaminated material was being scraped into the mud bins to be loaded into trucks for disposal at Twin Environmental Landfill located in Milner, CO.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/22/2019	COGCC	Kris Neidel	-	Initial 24 hour notification
4/22/2019	Landowner	Grizzly Land LLC	-	Initial 24 hour notification
4/22/2019	Jackson County Administrator	Kent Crowder	-	Initial 24 hour notification

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: 04/29/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<input type="checkbox"/>
DRILLING FLUID	4	4	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	1	1	<input type="checkbox"/>

specify: OBM

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): 50 Width of Impact (feet): 15

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

How was extent determined?

Affected area was walked and surface area was estimated based on ground surface condition

Soil/Geology Description:

Ra - Randman sandy loam

Depth to Groundwater (feet BGS) 30 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well	<u>3</u>	None	Surface Water	<u>500</u>	None
Wetlands	<u>400</u>	None <input type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>800</u>	None <input type="checkbox"/>	Occupied Building	<u>2600</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date: <u>04/29/2019</u>
Cause of Spill (Check all that apply)	
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Historical-Unknown
Describe Incident & Root Cause (include specific equipment and point of failure)	
Build up of pressure on flowline to mud/gas separator due to cuttings accumulation.	
Describe measures taken to prevent the problem(s) from reoccurring:	
New gaskets and bolts were placed on the flow line sensor. The sensor was tested to ensure proper working function and the sensor was reinstalled. We have modified our processes associated with utilization of mud/gas separators / flowline system.	
Volume of Soil Excavated (cubic yards): <u>60</u>	
Disposition of Excavated Soil (attach documentation)	
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment
<input type="checkbox"/> Other (specify) _____	
Volume of Impacted Ground Water Removed (bbls): <u>0</u>	
Volume of Impacted Surface Water Removed (bbls): <u>0</u>	

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:

SandRidge is requesting to close this spill and work proceeding under a Form 27 Remediation Project.

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: 05/02/2019 Email: mchurch@sandridgeenergy.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402024290	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)