

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402043725

Date Received:

05/15/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

464278

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: WHITING OIL & GAS CORPORATION	Operator No: 96155	Phone Numbers Phone: (970) 4374113 Mobile: (432) 6616647 Email: kyle.waggoner@whiting.com
Address: 1700 BROADWAY STE 2300		
City: DENVER	State: CO Zip: 80290	
Contact Person: Kyle Waggoner		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402032508

Initial Report Date: 05/04/2019 Date of Discovery: 05/04/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 30 TWP 10N RNG 57W MERIDIAN 6

Latitude: 40.810697 Longitude: -103.789428

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 436612

Spill/Release Point Name: Horsetail

☐ No Existing Facility or Location ID No.

Number: 30 CPB

☐ 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? No

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): >=5 and <100

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: Partly Cloudy

Surface Owner: FEE

Other(Specify): Timbro Ranch

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):

A release occurred on 5/4/2019 at approximately 12:00pm. The release resulted in approximately 50 bbls of produced water to be released inside a line containment. The cause of release was due to a third party company during water transfer operations. Once discovered the release was stopped by closing the valve. All impacted material will be recovered.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/4/2019	Weld County	Roy Rudisill	-	Email
5/4/2019	Land Owner	Timbro Ranch	-	Voicemail

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: 05/14/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	50	48	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? YES 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) <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 101		Width of Impact (feet): 21	
Depth of Impact (feet BGS): 0		Depth of Impact (inches BGS): 3	
How was extent determined?			
Visually inspected and measured			
Soil/Geology Description:			
4-Ascalon fine sandy loam, 31 - Kim-Mitchell complex			
Depth to Groundwater (feet BGS) 72		Number Water Wells within 1/2 mile radius: 1	
If less than 1 mile, distance in feet to nearest Water Well 1500 None <input type="checkbox"/>		Surface Water 2142 None <input type="checkbox"/>	
Wetlands 0 None <input type="checkbox"/>		Springs 0 None <input type="checkbox"/>	

Livestock 0 None ☐Occupied Building 0 None ☐

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS#1 Supplemental Report Date: 05/14/2019Cause 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)

The cause of release was due to a third party company failure to identify that the water tank valve was closed and did not properly check that their hose was hooked up properly during water transfer operations. Once discovered the release was stopped by closing the valve. All impacted material will be recovered and the liner will be inspected for integrity.

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

There will be increased training to prevent this from reoccurring.

Volume of Soil Excavated (cubic yards): 20Disposition of Excavated Soil (attach documentation) ☒ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____Volume of Impacted Ground Water Removed (bbls): 0Volume 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 BanksTitle: Environmental Coordinator Date: 05/15/2019 Email: tom.banks@whiting.com**COA Type****Description****Attachment Check List****Att Doc Num** **Name**

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)