

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402077190

Date Received:

06/18/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

465240

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
Address: 1700 BROADWAY STE 2300		Phone: (970) 437-4113
City: DENVER State: CO Zip: 80290		Mobile: (432) 661-6647
Contact Person: Kyle Waggoner		Email: kyle.waggoner@whiting.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402069104

Initial Report Date: 06/10/2019 Date of Discovery: 06/09/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 35 TWP 10N RNG 59W MERIDIAN 6

Latitude: 40.788340 Longitude: -103.948417

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 426053

Spill/Release Point Name: Wolf No Existing Facility or Location ID No.

Number: 35-2623H 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, 50 Degreea

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 6/9/2019 a release occurred at the Wolf 35-2623H tank battery. Approximately 6 bbl of produced water was released within the containment. The cause of the release is currently under investigation. The release was isolated immediately upon discovery. Any impacted materials will be removed and samples will be collected to ensure residual concentrations are <Table 910.1. Any impacted soils will be disposed at a licensed disposal facility.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/10/2019	Weld County	Roy Rudisill	-	Notified
6/10/2019	Land Owner	Slash V. LLC	-	Land Department to contact

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: 06/18/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	6	1	<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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 5 Width of Impact (feet): 10

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 6

How was extent determined?

Visually inspected and measured

Soil/Geology Description:

27-Epping silt loam

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest Water Well 1839 None Surface Water 1600 None

Wetlands _____ None Springs _____ None

Livestock _____ None

Occupied Building _____ None

Additional Spill Details Not Provided Above:

[Empty box for additional spill details]

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/18/2019

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)

The release was discovered by the lease operator when he noticed liquid around the base of the produced water tank. The cause was determined to be internal corrosion of the tank.

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

The tank will be removed from the facility and scrapped. A new fiberglass tank will be installed to manage produced water. During the interim the facility is shut-in.

Volume of Soil Excavated (cubic yards): 2

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:

[Empty box for 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: 06/18/2019 Email: tom.banks@whiting.com

COA Type Description

COA Type	Description

Attachment Check List

Att Doc Num Name

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)