

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:

402109974

Date Received:

07/16/2019

Spill report taken by:

Spill/Release Point ID:

**SPILL/RELEASE REPORT (INITIAL)**

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) 4374113</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>		Mobile: <u>(432) 6616647</u>
Contact Person: <u>Kyle Waggoner</u>		Email: <u>kyle.waggoner@whiting.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 402109974

Initial Report Date: 07/16/2019 Date of Discovery: 07/15/2019 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NWSE SEC 7 TWP 10N RNG 57W MERIDIAN 6

Latitude: 40.852400 Longitude: -103.789900

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

**Reference Location:**

Facility Type: FLOWLINE  Facility/Location ID No 446980  
 Spill/Release Point Name: Horsetail  No Existing Facility or Location ID No.  
 Number: 07 East 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? 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): <u>&gt;=5 and &lt;100</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>0</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: \_\_\_\_\_

**Land Use:**

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_  
 Weather Condition: Party Cloudy, 80 - 90 Deg F  
 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 July 15, 2019, a release occurred from a buried flowline from the corridor to the Horsetail 07 East CPB. Approximately 12 bbl of crude oil was released. The cause of the release is currently under investigation. The line was immediately isolated, and a crew was dispatched to recover free liquids.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/16/2019	Weld County	Roy Rudisill	-	Notified
7/16/2019	Land Owner	Jackie Fiscus	-	Notified
7/16/2019	BLM	Mark Lyon	-	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: \_\_\_\_\_

**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: 07/16/2019 Email: tom.banks@whiting.com

**COA Type**

**Description**

<b>COA Type</b>	<b>Description</b>

**Attachment Check List**

**Att Doc Num**

**Name**

402110192	TOPOGRAPHIC MAP
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)