

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:

402235105

Date Received:

11/09/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

460994

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401914947

Initial Report Date: 01/23/2019 Date of Discovery: 01/22/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWWN SEC 18 TWP 9N RNG 59W MERIDIAN 6
E

Latitude: 40.757226 Longitude: -104.019180

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 430306
 Spill/Release Point Name: Wildhorse 18-1834 No Existing Facility or Location ID No.
 Number: _____ 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): <u>0</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>>=5 and <100</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: 33F and sunny
 Surface Owner: FEDERAL Other(Specify): USFS

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 1/22/19 at approximately 3:30pm a release occurred at the Wildhorse 18-1834H. Approximately 9 bbls of produced water were released inside the containment and approximately 3 bbls were recovered. The release appears to have originated from the produced water tank, however at this time we are not certain of the exact release point.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|--------------|----------------|-------|----------|
| 1/23/2019 | BLM | Mark Lyon | - | Notified |
| 1/23/2019 | USFS | Vernon Koehler | - | Notified |
| 1/23/2019 | Weld County | Roy Ruddisil | - | 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: _____

CORRECTIVE ACTIONS

| | |
|--|--------------------------------------|
| #1 | Supplemental Report Date: 11/09/2019 |
| Cause of Spill (Check all that apply) <input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown <input type="checkbox"/> Other (specify) _____ | |
| Describe Incident & Root Cause (include specific equipment and point of failure) Internal corrosion of the bottom of the water tank resulted in the loss of approximately 9 barrels of produced water to release inside | |
| Describe measures taken to prevent the problem(s) from reoccurring: The tanks and associated equipment have been removed and the production has been routed to an adjacent facility with a fiberglass produced water tank. | |
| Volume of Soil Excavated (cubic yards): 270 | |
| 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): 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:

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| |
|--|

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Kyle Waggoner

Title: Field Regulatory Manager Date: 11/09/2019 Email: kyle.waggoner@whiting.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|--------------------|
| 402235106 | ANALYTICAL RESULTS |
| 402235107 | DISPOSAL MANIFEST |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)