

**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:

402235114

Date Received:

11/09/2019

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

### 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 6Latitude: 40.788340 Longitude: -103.948417Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: TANK BATTERY☒ Facility/Location ID No 426053Spill/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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

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

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Partly Cloudy, 50 DegreeaSurface 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: \_\_\_\_\_

**CORRECTIVE ACTIONS**

#1	Supplemental Report Date:	11/09/2019
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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 was removed from the facility and the produced water has been routed to a new fiberglass tank.

Volume of Soil Excavated (cubic yards): 32

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:**

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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**

	Based on the information presented, it appears that no further action is necessary at this time and the COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if ground water is found to be impacted, then further investigation and/or remediation activities may be required. In addition, the surface area disturbed by the remediation activity shall be reclaimed in accordance with the 1000 Series Reclamation Rules.
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**Attachment Check List**

**Att Doc Num**

**Name**

402235114	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402235116	ANALYTICAL RESULTS
402235117	DISPOSAL MANIFEST
402252586	FORM 19 SUBMITTED

Total Attach: 4 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)