

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:

402346878

Date Received:

03/23/2020

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

474081

### 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: SANDRIDGE EXPLORATION & PRODUCTION LLC	Operator No: 10598	<b>Phone Numbers</b>
Address: 123 ROBERT S KERR AVE		Phone: (405) 4921324
City: OKLAHOMA CITY	State: OK	Zip: 73102
Contact Person: JOHN MAYNE		Mobile: ( )
		Email: JMAYNE@SANDRIDG EENERGY.COM

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402346878

Initial Report Date: 03/19/2020 Date of Discovery: 03/16/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NWNW SEC 16 TWP 7N RNG 80W MERIDIAN 6

Latitude: 40.584779 Longitude: -106.386400

Municipality (if within municipal boundaries): County: JACKSON

#### Reference Location:

Facility Type: WELL  Facility/Location ID No 439603

Spill/Release Point Name: Gregory Pad  Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

#### 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): >=1 and <5

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=1 and <5

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: WINTER

Surface Owner: OTHER (SPECIFY) Other(Specify): PRIVATE

#### 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):

4:00pm 16 Mar 20 we discovered a leak coming from the Janet pad dualpac. I had the well shut in and isolated the leak. Within 20 min had a Vac truck pull all standing fluid inside and outside the building. Total amount of fluid we determined was around 8bbbls with 5 being contained within the building's sump and 3 spilling out of the building on the surrounding ground. Continuing excavation of all contaminated soil. When Cleanup is complete I have instructed Absaroka Energy and Environmental Solutions, LLC. To conduct soil samples.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
3/20/2020	COGCC	Kris Neidel	970-8465097	
3/20/2020	Landowner	Greg Ray	970-219-3561	Informed of spill and cleanup procedures
3/20/2020	County	Kent Crowder	970-723-4660	Informed of spill and cleanup procedures

Was there a Grade 1 Gas Leak? Yes  No

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: \_\_\_\_\_

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes  No

If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

Was there damage during excavation? Yes  No

If YES, was CO 811 notified prior to excavation? Yes  No

**OPERATOR COMMENTS:**

Please contact me with any questions.

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

Signed: \_\_\_\_\_ Print Name: JOHN MAYNE

Title: Facilities Foreman Date: 03/23/2020 Email: JMAYNE@SANDRIDGEENERGY.COM

COA Type	Description
	Assess the nature and extent of contamination with confirmation soil samples. Delineate the horizontal and vertical extent of impacted area and remediate impacts to Table 910-1 standards. Provide documentation in either a Supplemental Form 19 if cleaned up immediately and/or Form 27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results.
	The supplemental report should show the spill path plotted on an aerial map (or equivalent).
	The Lat/Long provided plots off of the location. Please provide an updated Lat/Long on the supplemental report.

**Attachment Check List**

Att Doc Num	Name
402346878	SPILL/RELEASE REPORT(INITIAL)
402349994	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)