

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:

402352928

Date Received:

03/26/2020

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

474081

### 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: SANDRIDGE EXPLORATION & PRODUCTION LLC	Operator No: 10598	<b>Phone Numbers</b>
Address: 123 ROBERT S KERR AVE		Phone: (405) 492-1324
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 8bbls 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

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	03/26/2020		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	4	4	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	4	4	<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? <u>YES</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted:		Length of Impact (feet): <u>30</u>	Width of Impact (feet): <u>15</u>	
		Depth of Impact (feet BGS): <u>1</u>	Depth of Impact (inches BGS): _____	
How was extent determined?				
Used a skid steer to scrape all contaminated soil to a depth of around 1'				
Soil/Geology Description:				
Contaminated soil was removed from location and placed in shale bin. Samples were taken by Absaroka Energy and Environmental Solutions, LLC.				

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 0  
 If less than 1 mile, distance in feet to nearest Water Well \_\_\_\_\_ None  Surface Water \_\_\_\_\_ None   
 Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

As soon as practical I plan on having a containment liner installed under the building the spill occurred. I replaced the failed peice of equipment which was a sch40 pipe with a sch80 pipe for more durability.

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/23/2020

Root Cause of Spill/Release Corrosion  
 Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Wellhead Line  
 If "Other" selected above, specify or describe here:  
 \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)  
 \_\_\_\_\_  
Corrosion on a flowline caused a pinhole.

Describe measures taken to prevent the problem(s) from reoccurring:  
 \_\_\_\_\_  
Replaced the failed sch40 flowline with a sch80. Will conduct a routine ultrasound of flowlines to determine if a failure will occur.

Volume of Soil Excavated (cubic yards): 40

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:

\_\_\_\_\_

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: 03/26/2020 Email: jmayne@sandridgeenergy.com

**COA Type****Description**

	A Form 27 should be submitted that describes how the Vertical and horizontal extent of the release will be determined.
	The Lat/Long provided plots off of the location. Please provide an updated Lat/Long on the supplemental report.
	A supplemental report should be submitted by 3/31/2020 that shows the spill path plotted on an aerial map (or equivalent).
	Closure request is denied at this time. COGCC staff removed the request for closure in this form 19 to allow for approval. See additional COA's for required action.

**Attachment Check List****Att Doc Num****Name**

402352928	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402353753	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)