

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:

402549317

Date Received:

12/08/2020

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

475846

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
Address: <u>1700 LINCOLN STREET SUITE 4700</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# 402380945

Initial Report Date: 04/26/2020 Date of Discovery: 04/25/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNE SEC 25 TWP 10N RNG 58W MERIDIAN 6

Latitude: 40.815817 Longitude: -103.811997

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 436427

Spill/Release Point Name: Razor 25B 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

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): Rangeland

Weather Condition: Partly Cloudy, 40-60 deg F

Surface Owner: FEE Other(Specify): Timbro Ranch and Cattle Company

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 April 25, 2020, a release occurred from a flowline at the Razor 25B. Approximately 200 bbl of produced water 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

Date	Agency/Party	Contact	Phone	Response
4/26/2020	Landowner	Timbro Ranch and Cattle	970-397-5885	Notified
4/26/2020	Weld County		-	Weld OEM Spill Report Form

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

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/01/2020

Root Cause of Spill/Release Pipe, Weld, or Joint Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: Manifold Piping

If "Other" selected above, specify or describe here:

Describe Incident & Root Cause (include specific equipment and point of failure)

Fiberglass flange defective.

Describe measures taken to prevent the problem(s) from reoccurring:

The flange was was replaced, inspected, and pressure tested to ensure proper operation.

Volume of Soil Excavated (cubic yards): 420

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: Reclamation Coordinator Date: 12/08/2020 Email: kyle.waggoner@whiting.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
402549329	DISPOSAL MANIFEST
402549332	DISPOSAL MANIFEST
402549333	DISPOSAL MANIFEST
402549334	DISPOSAL MANIFEST
402549335	DISPOSAL MANIFEST
402549336	DISPOSAL MANIFEST
402549337	ANALYTICAL RESULTS

Total Attach: 7 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)