

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 &amp; GAS CORPORATION</u>	Operator No: <u>96155</u>	<b>Phone Numbers</b>
Address: <u>1700 LINCOLN STREET SUITE 4700</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# 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:	
<div></div>	
Describe Incident & Root Cause (include specific equipment and point of failure)	
<div>Fiberglass flange defective.</div>	
Describe measures taken to prevent the problem(s) from reoccurring:	
<div>The flange was was replaced, inspected, and pressure tested to ensure proper operation.</div>	
Volume of Soil Excavated (cubic yards):	420
Disposition of Excavated Soil (attach documentation)	<input checked="" type="checkbox"/> Offsite Disposal      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:

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

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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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

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

Total: 0 comment(s)