

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:

402570635

Date Received:

01/09/2021

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

479109

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: <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# 402570635

Initial Report Date: 01/09/2021 Date of Discovery: 01/08/2021 Spill Type: Recent Spill

Spill/Release Point Location:

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

Latitude: 40.802695 Longitude: -103.809852

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

Reference Location:

Facility Type: OFF-LOCATION FLOWLINE Facility/Location ID No 444465

Spill/Release Point Name: Razor 250 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): >=5 and <100 Estimated Condensate Spill Volume(bbl): 0

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

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: 30-50 degrees F, Partly Cloudy

Surface Owner: FEE Other(Specify): Timbro Land and Cattle Co

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 January 8, 2021, a release occurred from a buried flowline from the corridor directly south of the Razor 250. Approximately, 17 bbl of crude oil was released. The cause of this 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

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/8/2021	Land Owner	Timbro Land and Cattle	970-396-5885	Notified vis phone call
1/9/2021	Weld County	Roy Rudisill	-	Notified via OEM Spill Report

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:

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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: Tom Banks

Title: Environmental Coordinator Date: 01/09/2021 Email: tom.banks@whiting.com

<u>COA Type</u>	<u>Description</u>

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402570635	SPILL/RELEASE REPORT(INITIAL)
402570640	TOPOGRAPHIC MAP
402571129	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)