

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:

402575148

Date Received:

01/14/2021

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

479109

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: WHITING OIL & GAS CORPORATION	Operator No: 96155	<b>Phone Numbers</b>
Address: 1700 LINCOLN STREET SUITE 4700		Phone: (970) 4374113
City: DENVER State: CO Zip: 80290		Mobile: (432) 6616647
Contact Person: Kyle Waggoner		Email: kyle.waggoner@whiting.g.con

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 25O. 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

Date	Agency/Party	Contact	Phone	Response
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

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	01/14/2021		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	17	15	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	0	0	<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>NO</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>37</u>	Width of Impact (feet): <u>25</u>	
		Depth of Impact (feet BGS): <u>0</u>	Depth of Impact (inches BGS): <u>8</u>	
How was extent determined?				
Visually inspected and measured				
Soil/Geology Description:				
31-Kim-Mitchell complex				
Depth to Groundwater (feet BGS) <u>70</u>		Number Water Wells within 1/2 mile radius: <u>0</u>		

If less than 1 mile, distance in feet to nearest Water Well 4507 None  Surface Water \_\_\_\_\_ None   
 Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/14/2021

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

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

Flowline

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

The cause was due to corrosion of the flowline from an adjacent well pad to the facility.

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

The section of pipe will be replaced with adequately coated pipe and evaluated for additional protection if deemed necessary.

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: Tom Banks  
 Title: Environmental Coordinator Date: 01/14/2021 Email: tom.banks@whiting.com

COA Type	Description

### Attachment Check List

**Att Doc Num**

**Name**

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Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)