

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402835567

Date Received:

10/08/2021

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

480867

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 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

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) 437-4113</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>		Mobile: <u>(432) 661-6647</u>
Contact Person: <u>Kyle Waggoner</u>		Email: <u>kyle.waggoner@whiting.com</u>

Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402829420

Initial Report Date: 10/02/2021 Date of Discovery: 10/01/2021 Spill Type: Recent Spill

Spill/Release Point Location:

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

Latitude: 40.804201 Longitude: -103.805220

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

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Reference Location:

Facility Type: OFF-LOCATION FLOWLINE Facility/Location ID No 444471

Spill/Release Point Name: Razor 25P Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): Unknown 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: _____

Has the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____

Weather Condition: 60-70 Degrees F. Sunny

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

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

On 10/1/2021, a release occurred from a buried flowline that's located north of the Razor 25P. An unknown amount 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 expose the source of the release.

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/2/2021	Land Owner	Timbro Land and Cattle	970-396-5885	Notified
10/2/2021	Weld County	Roy Rudisill	-	OEM Spill Report

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

No Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: _____ Public Water System: _____
Residence or Occupied Structure: _____ Livestock: _____
Wildlife: _____ Publicly-Maintained Road: _____

No Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery _____ (HH:MM)
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? _____
Enter the Document Number of the Initial Accident Report, Form 22 _____
Was there damage during excavation? _____
Was CO 811 notified prior to excavation? _____

No Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): _____

No Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

- The presence of free product or hydrocarbon sheen Surface Water
- The presence of free product or hydrocarbon sheen on Groundwater
- The presence of contaminated soil in contact with Groundwater
- The presence of contaminated soil in contact with Surface water

Yes	Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylight from the subsurface.
No	Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property. <input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way
No	Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.
No	Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: <u>10/08/2021</u>		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	0	<input type="checkbox"/>
PRODUCED WATER	_____	0	<input type="checkbox"/>
DRILLING FLUID	_____	0	<input type="checkbox"/>
FLOW BACK FLUID	_____	0	<input type="checkbox"/>
OTHER E&P WASTE	_____	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 & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit			
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>9</u>		Width of Impact (feet): <u>21</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Visually inspected and measured			
Soil/Geology Description:			
20-Cascajo gravelly sandy load, 31-Kim mitchell complex, 61-Stoneham fine sandy loam			
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 <u>4928</u> None <input type="checkbox"/>	Surface Water _____ None <input checked="" type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/08/2021

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 piping of appropriate material and evaluated for additional protection if deemed necessary. Pressure test will be completed prior to returning line to service. Entire flowline corridor is under consideration for pipe material change.

Volume of Soil Excavated (cubic yards): 83

Disposition of Excavated Soil (attach documentation) [X] 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, check all that apply) [] Horizontal and Vertical extents of impacts have been delineated. [] Documentation of compliance with Table 915-1 is attached. [] All E&P Waste has been properly treated or disposed. [] Work proceeding under an approved Form 27 (Rule 912.c). Form 27 Remediation Project No: _____ [] SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

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: 10/08/2021 Email: tom.banks@whiting.com

Condition of Approval

COA Type Description

0 COA	
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Attachment List

Att Doc Num **Name**

402835567	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402835712	PHOTO DOCUMENTATION
402843142	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)