

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:

400897272

Date Received:

09/10/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

443252

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

| | | |
|--|---------------------------|---------------------------------|
| Name of Operator: <u>K P KAUFFMAN COMPANY INC</u> | Operator No: <u>46290</u> | Phone Numbers |
| Address: <u>1675 BROADWAY, STE 2800</u> | | Phone: <u>(303) 825-4822</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | | Mobile: <u>(303) 825-4822</u> |
| Contact Person: <u>Susana Lara-Mesa</u> | | Email: <u>slaramesa@kpk.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400897272

Initial Report Date: 09/09/2015 Date of Discovery: 09/09/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 21 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.121841 Longitude: -105.016428

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-123-10469

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? No

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

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): Unknown

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

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: Clear/Sunny

Surface Owner: FEE Other(Specify): _____

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):

Indications of a historical release were discovered by Apex Companies, LLC while investigating an above-ground pipeline condensate release from DCP Midstream, LP. K.P. Kauffman Company was notified of the potential historical release around the Nelson H. Milton F #1 flowline. On September 9, 2015, K.P. Kauffman investigated the area by boring 11 holes surrounding the area of concern. It was discovered that there were multiple borings around the flowline that showed signs of contamination at depths of 1-3 feet. KPK has performed a pressure test on all flowlines in the vicinity, including the flowline that could have caused the historical release.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

| | | | | |
|--|---------------------------|--|---|-------------------------------------|
| #1 | Supplemental Report Date: | 09/09/2015 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown | |
| OIL | _____ | _____ | 0 | <input checked="" type="checkbox"/> |
| CONDENSATE | _____ 0 | _____ 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | _____ | _____ | 0 | <input checked="" type="checkbox"/> |
| DRILLING FLUID | _____ 0 | _____ 0 | 0 | <input type="checkbox"/> |
| FLOW BACK FLUID | _____ 0 | _____ 0 | 0 | <input type="checkbox"/> |
| OTHER E&P WASTE | _____ 0 | _____ 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 & 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>30</u> | | Width of Impact (feet): <u>35</u> | | |
| Depth of Impact (feet BGS): <u>3</u> | | Depth of Impact (inches BGS): _____ | | |
| How was extent determined? | | | | |
| The extent of the historical release was determined by boring multiple locations surrounding the flowline and field screening the soil using a PID. | | | | |
| Soil/Geology Description: | | | | |
| Aquolls and Aquepts, flooded | | | | |
| Depth to Groundwater (feet BGS) <u>3</u> | | Number Water Wells within 1/2 mile radius: <u>8</u> | | |
| If less than 1 mile, distance in feet to nearest | | Water Well <u>200</u> None <input type="checkbox"/> | Surface Water <u>100</u> None <input type="checkbox"/> | |
| | | Wetlands <u>50</u> None <input type="checkbox"/> | Springs _____ None <input checked="" type="checkbox"/> | |
| | | Livestock _____ None <input checked="" type="checkbox"/> | Occupied Building <u>1200</u> None <input type="checkbox"/> | |
| Additional Spill Details Not Provided Above: | | | | |
| | | | | |

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: Susana Lara-Mesa

Title: VP of Engineering Date: 09/10/2015 Email: slarames@kpk.com

| COA Type | Description |
|----------|-------------|
| | |

Attachment Check List

| Att Doc Num | Name |
|-------------|-----------------|
| 400897347 | TOPOGRAPHIC MAP |
| 400897348 | SITE MAP |
| 400897530 | OTHER |

Total Attach: 3 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)