

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:

400989822

Date Received:

02/16/2016

Spill report taken by:

Spill/Release Point ID:

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>	<b>Phone Numbers</b>
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# 400989822

Initial Report Date: 02/16/2016 Date of Discovery: 02/16/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 18 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.138780 Longitude: -104.827690

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

Reference Location:

Facility Type: TANK BATTERY  Facility/Location ID No \_\_\_\_\_

No Existing Facility or Location ID No.

Well API No. (Only if the reference facility is well) 05- \_\_\_\_\_

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): >0 and <1

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >0 and <1

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

Land Use:

Current Land Use: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Sunny, Temp. around 55 deg F

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):

The bypass line at the Franklin Stermole Unit #1 tank battery released <5 bbl of comingled hydrocarbon fluids on February 16, 2016. The fluids became visible at the surface at the facility's flowline manifold. Secondary containment of the manifold was unable to contain the fluids at the surface, causing fluids to flow in multiple directions up to 10 feet away from the manifold. KPK responded on February 16, 2016, to the release, creating temporary earthen berms to contain released fluids at the surface. Excavation equipment began immediately removing contaminated soils to be disposed at a certified disposal facility. Further excavation is needed to determine the extent of contamination from the bypass line release.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
2/17/2016	Property Owner		-	
2/16/2016	COGCC	Peter Gintautas	719-1326	Form 19
2/18/2016	Weld County	Heather Barbare	970-304-6415	Email Attached

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 02/16/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: \_\_\_\_\_

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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)  Soil  Groundwater  Surface Water  Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 10 Width of Impact (feet): 10

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): 1

How was extent determined?

Visual excavation

Soil/Geology Description:

Altvan loam, 0 to 1 percent

Depth to Groundwater (feet BGS) 6 Number Water Wells within 1/2 mile radius: 29

If less than 1 mile, distance in feet to nearest

Water Well	<u>323</u>	None <input type="checkbox"/>	Surface Water	<u>552</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>390</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Upon discovery, the pumper shut in the line and a roustabout crew was mobilized to start the cleanup process.

## 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: 02/16/2016 Email: slaramesa@kpk.com

### COA Type

### Description

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

## Attachment Check List

### Att Doc Num

### Name

400989898	TOPOGRAPHIC MAP
400989905	SITE MAP

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)