

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:

GINTAUTAS, PETER

Spill/Release Point ID:

444854

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 Phone: <u>(303) 825-4822</u> Mobile: <u>(303) 825-4822</u> Email: <u>slaramesa@kpk.com</u>
Address: <u>1675 BROADWAY, STE 2800</u>		
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>	
Contact Person: <u>Susana Lara-Mesa</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 6Latitude: 40.138780 Longitude: -104.827690Municipality (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): 0Estimated Condensate Spill Volume(bbl): >0 and <1Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >0 and <1Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Sunny, Temp. around 55 deg FSurface 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	0	0	<input type="checkbox"/>
PRODUCED WATER			<input checked="" 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 & 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>10</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>1</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Visual excavation			
Soil/Geology Description:			
Altvan loam, 0 to 1 percent			
Depth to Groundwater (feet BGS) <u>6</u>		Number Water Wells within 1/2 mile radius: <u>29</u>	
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

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Attachment Check List

Att Doc Num

Name

400989822	FORM 19 SUBMITTED
400989898	TOPOGRAPHIC MAP
400989905	SITE MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)