

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:

401703120

Date Received:

07/14/2018

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. 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: K P KAUFFMAN COMPANY INC

Operator No: 46290

Address: 1675 BROADWAY, STE 2800

City: DENVER

State: CO

Zip: 80202

Contact Person: Susana Lara-Mesa

Phone Numbers

Phone: (303) 825-4822

Mobile: ()

Email: slaramesa@kpk.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401703120

Initial Report Date: 07/14/2018

Date of Discovery: 07/14/2018

Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 3 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.084298 Longitude: -104.996606

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

Reference Location:

Facility Type: TANK BATTERY

☐ Facility/Location ID No

Spill/Release Point Name: Facility #1

☒ No Existing Facility or Location ID No.

Number:

☐ 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? No

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: 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):

The separator inlet failed and release an unknown amount of fluid that was contained within the berms

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/14/2018	Weld County	Tom Parko	-	Email
7/14/2018	Surface Owner	Private	-	
7/14/2018	Town of Erie		-	Voice Mail

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/14/2018		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" 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? YES 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) <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): 20		Width of Impact (feet): 20	
Depth of Impact (feet BGS): 2		Depth of Impact (inches BGS): 6	
How was extent determined?			
The standing fluid was visibly contained within the berm. The fluid was removed with a vac truck and initial backhoe excavation around the berm does not show contamination outside of it.			
Soil/Geology Description:			
Nunn loam, 0 to 1 percent slope			
Depth to Groundwater (feet BGS) 160		Number Water Wells within 1/2 mile radius: 61	
If less than 1 mile, distance in feet to nearest Water Well 118		None <input type="checkbox"/> Surface Water 412 None <input type="checkbox"/>	

Wetlands _____ None ☒Springs _____ None ☒Livestock _____ None ☒Occupied Building 1302 None ☐

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-MesaTitle: VP Engineering Date: 07/14/2018 Email: slaramesa@kpk.com**COA Type****Description**

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Attachment Check List**Att Doc Num****Name**

401703122	AERIAL PHOTOGRAPH
401703123	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)