

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:

401720125

Date Received:

08/08/2018

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

456201

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 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: KP KAUFFMAN COMPANY INC	Operator No: 46290	Phone Numbers
Address: 1675 BROADWAY, STE 2800		Phone: (303) 825-4822
City: DENVER State: CO Zip: 80202		Mobile: ()
Contact Person: Susana Lara-Mesa		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: _____

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 08/08/2018

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

The inlet of the separator failed

Describe measures taken to prevent the problem(s) from reoccurring:

The riser and the inlet line to the separator were replaced.

Volume of Soil Excavated (cubic yards): 120

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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 Engineering Date: 08/08/2018 Email: slaramesa@kpk.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

401720125	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401728056	ANALYTICAL RESULTS
401736367	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)