

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:

402213852

Date Received:

10/18/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

468756

### SPILL/RELEASE REPORT (INITIAL)

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: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>	<b>Phone Numbers</b> Phone: <u>(303) 825-4822</u> Mobile: <u>(720) 317-8161</u> Email: <u>mknop@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>Max Knop</u>		

#### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402213852

Initial Report Date: 10/17/2019 Date of Discovery: 10/16/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 17 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.132163 Longitude: -104.796452

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

#### Reference Location:

Facility Type: FLOWLINE  Facility/Location ID No \_\_\_\_\_  
 Spill/Release Point Name: Nessu  No Existing Facility or Location ID No.  
 Number: 1  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? 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: Partly Cloudy, Warm Temp (65 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):

KPK was notified about a flowline release that had occurred on 10/16/19 while the crop land was being irrigated. KPK immediately responded, shutting in associated wells stopping any further release. KPK is currently working with landowner to gain access to the release location with a backhoe to remove impacted soil and to make necessary repairs to the flowline. A neighboring landowner (not the landowner on which the release occurred) contacted the Weld County Sheriff Office and CDPHE OEPR to report the release.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/16/2019	Land Owner		-	In Person Meeting
10/17/2019	Weld County	Weld County OEM	-	On-line reporting form

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: \_\_\_\_\_

**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: Max Knop

Title: Gen Mangr of Air Quality Date: 10/18/2019 Email: mknop@kpk.com

**COA Type**

**Description**

	Provide documentation justifying closure request within 45 days of release via supplemental form 19. If investigation and remediation require further actions beyond 45 days then submit form 27 for approval within 45 days of spill (30November2019).
	On the next Form 19 subsequent operator is to provide the root cause of the incident and preventative measures that will be taken to prevent reoccurrence on this and other dump lines at this location. Please give the location of the failure (i.e. 6 O'clock position) and if the root cause is corrosion explain if it is external or internal. Please also list the wells associated with this facility on the form 19 subsequent.

**Attachment Check List**

Att Doc Num	Name
402213852	SPILL/RELEASE REPORT(INITIAL)
402213859	SITE MAP
402213860	TOPOGRAPHIC MAP
402213905	FORM 19 SUBMITTED

Total Attach: 4 Files

**General Comments**

User Group	Comment	Comment Date
Environmental	pushed to draft for revisions. spill threatened to or did impact waters of the state and the box as submitted states that no threatened impacts to waters of the state.	10/18/2019

Total: 1 comment(s)