

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:

402221622

Date Received:

10/25/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

468756

### 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: <u>KP 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>(720) 317-8161</u>
Contact Person: <u>Max Knop</u>		Email: <u>mknop@kpk.com</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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 10/25/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" 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? 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): 20 Width of Impact (feet): 20

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Extent of impacted media based on current limits of excavation. Extent expected to be larger based on visual observation of the open excavation. Impacted soil shows signs of contamination from a historical release.

Soil/Geology Description:

Nelson Fine Sandy Loam, 3 to 9 Percent Slopes

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 17

If less than 1 mile, distance in feet to nearest Water Well 250 None  Surface Water 486 None

Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None

Livestock 350 None Occupied Building 590 None 

Additional Spill Details Not Provided Above:

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**CORRECTIVE ACTIONS**#1 Supplemental Report Date: 10/25/2019Cause of Spill (Check all that apply)  Human Error  Equipment Failure  Historical-Unknown  
 Other (specify) \_\_\_\_\_

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

Flowline failure occurred along a 3" fiberglass flowline, around the 6 O'clock position (estimate). Flowline failure due to soil shifting/settling. A single well is associated with the flowline failure: Nessu #1 (API #05-123-07762).

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

Flowline will be repaired by replacing the damaged section of flowline with new fiberglass flowline. Estimated 3 ft. section of flowline will be replaced with new fiberglass flowline. Flowline will be pressure tested to confirm repair. Pressure test will be charted and provided in supplemental submittal. Backfill of excavation area will be properly compacted to prevent future settling.

Volume of Soil Excavated (cubic yards): 90Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 Other (specify) \_\_\_\_\_Volume of Impacted Ground Water Removed (bbls): 0Volume of Impacted Surface Water Removed (bbls): 0**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:**

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Max KnopTitle: Gen Mangr of Air Quality Date: 10/25/2019 Email: mknop@kpk.com**COA Type****Description**

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

402221622	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402222310	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)