

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:

402343094

Date Received:

03/14/2020

Spill report taken by:

Spill/Release Point ID:

## 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>          |
| Address: <u>1675 BROADWAY, STE 2800</u>          |                           | Phone: <u>(303) 824-4822</u>  |
| City: <u>DENVER</u>                              | State: <u>CO</u>          | Mobile: <u>(720) 317-8161</u> |
| Zip: <u>80202</u>                                |                           | Email: <u>mknop@kpk.com</u>   |
| Contact Person: <u>Max Knop</u>                  |                           |                               |

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402343094

Initial Report Date: 03/14/2020 Date of Discovery: 03/13/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NESW SEC 21 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.124045 Longitude: -105.009597

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

#### Reference Location:

Facility Type: OFF-LOCATION FLOWLINE

☐ Facility/Location ID No. \_\_\_\_\_

Spill/Release Point Name: Facility #4AW Consolidation Line

☐ Well API No. (Only if the reference facility is well) 05- -

☒ No Existing Facility or Location ID No.

#### 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): >=1 and <5

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=1 and <5

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: Cold, Dry.

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):

A leak was detected along the Facility #4AW consolidated flowline on 3/13/20. Flowline was shut-in upon discovery to stop any further release of fluids. There were no pooled fluids at surface to recover at time of discovery, only surface staining.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| Date      | Agency/Party | Contact    | Phone | Response                                 |
|-----------|--------------|------------|-------|--|
| 3/14/2020 | Weld County  | OEM        | -     | On-line notification for county and LEPC |
| 3/14/2020 | Land Owner   | Land Owner | -     | E-Mail notification                      |

Was there a Grade 1 Gas Leak? Yes ☐ No ☒

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

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

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

Was there damage during excavation? Yes ☐ No ☒

If YES, was CO 811 notified prior to excavation? Yes ☐ 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: Max Knop

Title: Gen Mangr of Air Quality Date: 03/14/2020 Email: mknop@kpk.com

### COA Type

### Description

|  |  |
|--|--|
|  |  |
|--|--|

### Attachment Check List

#### Att Doc Num

#### Name

|  |  |
|--|--|
|  |  |
|--|--|

Total Attach: 0 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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

Total: 0 comment(s)