

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:

Oakman, Kari

Spill/Release Point ID:

473473

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>	Phone Numbers Phone: <u>(303) 824-4822</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# 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
	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. 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.
	Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator. The Supplemental Spill Report for this release is due by March 23, 2020

Attachment Check List

Att Doc Num	Name
402343094	SPILL/RELEASE REPORT(INITIAL)
402343448	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)