

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402351207

Date Received:

03/24/2020

Spill report taken by:

Oakman, Kari

Spill/Release Point ID:

473473

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>	Phone Numbers
Address: <u>1675 BROADWAY, STE 2800</u>		Phone: <u>(303) 825-4822</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 ☐

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 03/24/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input 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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): 25		Width of Impact (feet): 10	
Depth of Impact (feet BGS): 5		Depth of Impact (inches BGS): _____	
How was extent determined?			
Current limits of excavation. Soil samples have not been collected and analyzed to verify vertical and horizontal extent of impact.			
Soil/Geology Description:			
Aquifers and aquifers, flooded			
Depth to Groundwater (feet BGS) 9		Number Water Wells within 1/2 mile radius: 6	

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402351207	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402351311	SITE MAP
402351312	TOPOGRAPHIC MAP
402351603	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)