

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:

402460842

Date Received:

08/06/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

477603

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: KP KAUFFMAN COMPANY INC Operator No: 46290
Address: 1675 BROADWAY, STE 2800
City: DENVER State: CO Zip: 80202
Contact Person: Max Knop
Phone Numbers: Phone: (303) 825-4822 Mobile: (720) 317-8161 Email: mknop@kpk.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402455022

Initial Report Date: 07/28/2020 Date of Discovery: 07/27/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNE SEC 1 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.086061 Longitude: -104.948976

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

Reference Location:

Facility Type: OFF-LOCATION FLOWLINE Facility/Location ID No
Spill/Release Point Name: Peltier #2 Flowline 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): 0 Estimated Condensate Spill Volume(bbl): 0
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: NON-CROP LAND Other(Specify):
Weather Condition: Sunny, warm
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 at 7:27pm via emergency contact line that a release was observed near the Peltier #2 well (API #05-123-09060). KPK responded to the emergency call and immediately shut-in the to prevent any further release. After the well was shut-in, area was inspected and a trace amount of produced water was found to have surfaced via the 1" vent line near the rotary. Local fire department had also responded to the release notification and left location once it was confirmed the release had been stopped.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/28/2020	Weld County	OEM	-	On-line spill report
7/28/2020	Surface Owner	LAYG Investments, LLC	-	email 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:	08/06/2020		
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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
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): _____		Width of Impact (feet): _____		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____		
How was extent determined?				
Delineation of the total horizontal and vertical extent of impacted soil has yet to be completed. Total extent will be based on excavation activities and soil screening results using PID and analytical results from collected soil samples. Soil samples will be collected from the release area and submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR. The analytical results and assessment of the extent will be provided in a supplemental report.				
Soil/Geology Description:				
Weld Loam, 1 to 3 % slope.				
Depth to Groundwater (feet BGS) _____ 25		Number Water Wells within 1/2 mile radius: _____ 6		

If less than 1 mile, distance in feet to nearest
 Water Well 1850 None Surface Water 3710 None
 Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building 90 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 08/06/2020

Root Cause of Spill/Release Equipment Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: Production Line

If "Other" selected above, specify or describe here:

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

3" high density polyurethane (HDPE) flowline failed releasing an unknown amount of hydrocarbon fluid. Cause and position of the flowline failure will be assessed when excavation activities uncover the point of failure.

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

Damaged section of flowline will be cut and removed. Removed section of flowline will be replaced with new 3" HDPE line. Flowline will be pressure tested to confirm repairs before production operations resume.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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:

Local government (Carbon Valley Emergency Mangement Agency) was notified on 7/28/2020 via the Weld County OEM on-line spill reporting form.

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: 08/06/2020 Email: mknop@kpk.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402460858	SITE MAP
402460859	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)