

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:

402565886

Date Received:

01/04/2021

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

478872

## 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>KINDER MORGAN CO2 CO LP</u>	Operator No: <u>46685</u>	<b>Phone Numbers</b>
Address: <u>1001 LOUISIANA ST SUITE 1000</u>		Phone: <u>(970) 882-5532</u>
City: <u>HOUSTON</u>	State: <u>TX</u>	Mobile: <u>(970) 882-5521</u>
Zip: <u>77002</u>		Email: <u>CO2Source_Regulator_y@kindermorgan.com</u>
Contact Person: <u>Michael Hannigan</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402560568

Initial Report Date: 12/26/2020 Date of Discovery: 12/26/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SENW SEC 20 TWP 37N RNG 18W MERIDIAN N

Latitude: 37.452886 Longitude: -108.858160

Municipality (if within municipal boundaries): \_\_\_\_\_ County: MONTEZUMA

#### Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 450901

Spill/Release Point Name: YC Cluster Produced Water Tank

☐ 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? Yes

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): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 22 barrels of produced water inside secondary containment

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Sunny, clear, 32 deg F, no wind

Surface Owner: FEDERAL

Other(Specify): BLM: CANM

#### 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 valve on Tank T-501 started leaking slowly overnight. The operator checked the tank levels when he reported for work in the morning and noticed that the produced water level in T-501 had dropped from 7.9' to 7.1' overnight. He went to the YC Cluster to check and discovered the release. The entire release, which was calculated using tank levels to be 22 barrels, was contained within the secondary containment berms. A water truck was called to pump out the remaining produced water from the tank, plus any standing water in the containment area, and haul it to the disposal well. A roustabout crew was called to remove ice (some of the produced water froze overnight) and place it in a containment area at the Yellow Jacket CPF where it would melt into a sump tank.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
12/26/2020	BLM	Jen Jardine	970-385-1242	Notified via email
12/26/2020	BLM	Laura Hartman	-	Notified via email

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: 01/04/2021		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	22	2	<input 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? YES Was an Emergency Pit constructed? NO			
Secondary containment, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): 29		Width of Impact (feet): 6	
Depth of Impact (feet BGS): 2		Depth of Impact (inches BGS): _____	
How was extent determined?			
Direct measurement of saturated soil in the release area.			
Soil/Geology Description:			
Soil type is silty, sandy gravel. The concrete pump pedestal and containment area was constructed by placing a layer of clean gravel on re-compacted native soil. The native soil is silty clay. A layer of bentonite clay was found at a depth of 2 feet below the re-compacted native soil surface.			
Depth to Groundwater (feet BGS) 900		Number Water Wells within 1/2 mile radius: 0	

**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: Michael Hannigan

Title: EHS Supervisor Date: 01/04/2021 Email: michael\_hannigan@kindermorgan.com

**COA Type**

**Description**

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**Attachment List**

**Att Doc Num**

**Name**

402565886	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402565930	AERIAL PHOTOGRAPH
402573023	FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)