

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:

402586838

Date Received:

01/29/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479267

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# 402579101

Initial Report Date: 01/20/2021 Date of Discovery: 01/19/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWSW SEC 27 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.105497 Longitude: -104.994215

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

Reference Location:

Facility Type: OFF-LOCATION FLOWLINE Facility/Location ID No
Spill/Release Point Name: Longmont Farms Unit #5 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 and <1 Estimated Condensate Spill Volume(bbl): >0 and <1
Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0
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: Sunny, cold (~35 deg F)
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):

Small surface staining observed by KPK along the Longmont Farms Unit #5 flowline. Associated well was immediately shut in. Further investigation is necessary to determine root cause of release and quantify volume of fluids released.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Rows include Weld County/LEPC and Landowner.

Was there a Grade 1 Gas Leak? Yes [ ] No [X]

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 [X]

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

Was there damage during excavation? Yes [ ] No [X]

If YES, was CO 811 notified prior to excavation? Yes [ ] No [ ]

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/29/2021

Table with 4 columns: FLUIDS, BBL's SPILLED, BBL's RECOVERED, Unknown. Rows include OIL, CONDENSATE, PRODUCED WATER, DRILLING FLUID, FLOW BACK FLUID, OTHER E&P WASTE.

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) [X] Soil [ ] Groundwater [ ] Surface Water [ ] Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 5 Width of Impact (feet): 5

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Extent based on surface impact observations and depth to flowline. The total horizontal and vertical extent has not been established. Extent of impact will be based on limits of final excavation.

Soil/Geology Description:

Nunn Loam, 1 to 3 % slopes

Depth to Groundwater (feet BGS) 25

Number Water Wells within 1/2 mile radius: 25

If less than 1 mile, distance in feet to nearest  
 Water Well 1344 None  Surface Water 1420 None   
 Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building 450 None

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/29/2021

Root Cause of Spill/Release Pipe, Weld, or Joint 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)  

Release occurred along 3-inch fiberglass flowline. Point of failure is unknown at this time as well as the root cause of the flowline failure.

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

Damaged section of flowline removed and replaced with new 3-inch fiberglass flowline. New section of fiberglass flowline will be fused to existing flowline.

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:

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: 01/29/2021 Email: mknop@kpk.com

COA Type	Description

### Attachment List

**Att Doc Num**      **Name**

402586875	SITE MAP
402586876	TOPOGRAPHIC MAP

Total Attach: 2 Files

**General Comments**

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)