

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:

400989913

Date Received:

02/16/2016

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

444879

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>K P KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>	Phone Numbers Phone: <u>(303) 825-4822</u> Mobile: <u>(303) 825-4822</u> Email: <u>slaramesa@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>Susana Lara-Mesa</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400989913

Initial Report Date: 02/16/2016 Date of Discovery: 02/16/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSE SEC 33 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.007590 Longitude: -104.891620

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 444630
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

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): >=5 and <100

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: _____

Land Use:

Current Land Use: CROP LAND Other(Specify): _____

Weather Condition: Sunny, Temp. 55 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):

In response to COGCC Inspection Document # 681700094, KPK began removing out of service equipment from the Amoco-Charter-Schneider tank battery facility. One of the 2-phase separators being removed had an active flowline connected, causing a release of comingled fluids on the surface of the facility. The valve controlling the flow of liquids was found and turned off stopping any further release. It is estimated between 10 and 20 bbls of fluids were released. Booms and absorbent pads were installed to contain the released fluids.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/16/2016	Property Owner	Cary	-	Phone Call
2/16/2016	COGCC	Chris Canfield	720-347-7484	Form 19
2/16/2016	Weld COunty	Heather Barbare	970-304-6415	Email

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 02/16/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 20 Width of Impact (feet): 20

Depth of Impact (feet BGS): 1 Depth of Impact (inches BGS): _____

How was extent determined?

Visually. Crew was on location and caused the spill

Soil/Geology Description:

Wiley Colby, 1 to 3 percent

Depth to Groundwater (feet BGS) 7 Number Water Wells within 1/2 mile radius: 16

If less than 1 mile, distance in feet to nearest

Water Well	<u>504</u>	None <input type="checkbox"/>	Surface Water	<u>4417</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

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: Susana Lara-Mesa

Title: VP of Engineering Date: 02/16/2016 Email: slaramesa@kpk.com

COA Type

Description

<u>COA Type</u>	<u>Description</u>

Attachment Check List

Att Doc Num

Name

400989913	FORM 19 SUBMITTED
400989954	TOPOGRAPHIC MAP
400989955	SITE MAP

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)