

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:

401621766

Date Received:

05/02/2018

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.

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

452966

OPERATOR INFORMATION

Name of Operator: K P KAUFFMAN COMPANY INC Operator No: 46290
Address: 1675 BROADWAY, STE 2800
City: DENVER State: CO Zip: 80202
Contact Person: Susana Lara-Mesa
Phone Numbers: Phone: (303) 825-4822 Mobile: (303) 825-4822 Email: slaramesa@kpk.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401447991

Initial Report Date: 11/02/2017 Date of Discovery: 10/23/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 36 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.093896 Longitude: -104.954745

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: OTHER Facility/Location ID No
Spill/Release Point Name: State Header No Existing Facility or Location ID No.
Number: 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? 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): 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: 58 deg. F; Clear, sunny sky.
Surface Owner: FEE Other(Specify): Private

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):

On October 23, 2017, oil was discovered at a header. All wells associated with consolidation line were shut-in to prevent further release of oil. The release was discovered by a neighbor and reported to 911. KPK was notified and immediately a vacuum truck was deployed to remove all standing fluid and soil.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/23/2017	Weld County	Troy Swain	-	Email notification.
10/24/2017	Landowner		-	Phone call

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes  No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: \_\_\_\_\_

Was there a reportable accident associated with this E & P waste spill or release? Yes  No

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

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 04/26/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	0	<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? 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): 80 Width of Impact (feet): 70

Depth of Impact (feet BGS): 17 Depth of Impact (inches BGS): 0

How was extent determined?

Based on limits of excavation, field screening results from ambient temperature head space measurements within the excavation area, and analytical results from collected soil samples.

Soil/Geology Description:

Nunn loam, 1 to 3 percent slopes.

Depth to Groundwater (feet BGS) 25 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well 2717 None  Surface Water 2620 None

Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None

Livestock \_\_\_\_\_ None Occupied Building \_\_\_\_\_ None 

Additional Spill Details Not Provided Above:

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**CORRECTIVE ACTIONS**

#1 Supplemental Report Date: 04/26/2018

Cause of Spill (Check all that apply)  Human Error  Equipment Failure  Historical-Unknown  
 Other (specify) \_\_\_\_\_

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

A check valve long the flowline header failed causing a release of oil. While cleaning the oil release, historical contamination was discovered from a tank battery that used to operate at the location.

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

Failed check valve was replaced and remaining valves at the header inspected for proper operation.

Volume of Soil Excavated (cubic yards): 2207

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

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

**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:**

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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: 05/02/2018 Email: slaramesa@kpk.com

**COA Type****Description**

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**Attachment Check List****Att Doc Num****Name**

401621798	SITE MAP
401621800	ANALYTICAL RESULTS
401621801	DISPOSAL MANIFEST

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)