

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401904706

Date Received:

01/15/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

460527

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>KP KAUFFMAN COMPANY INC</u> | Operator No: <u>46290</u> | Phone Numbers |
| Address: <u>1675 BROADWAY, STE 2800</u> | | Phone: <u>(303) 825-4822</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | | Mobile: <u>()</u> |
| Contact Person: <u>Susana Lara-Mesa</u> | | Email: <u>slaramesa@kpk.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401896600

Initial Report Date: 01/08/2019 Date of Discovery: 01/07/2019 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 29 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.104043 Longitude: -104.921219

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No _____

Spill/Release Point Name: CO. Nat Bank trust 2 flowline 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): <u>>0 and <1</u> | Estimated Condensate Spill Volume(bbl): <u>0</u> |
| Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u> | Estimated Produced Water Spill Volume(bbl): <u>>0 and <1</u> |
| Estimated Other E&P Waste Spill Volume(bbl): <u>0</u> | Estimated Drilling Fluid Spill Volume(bbl): <u>0</u> |

Specify: _____

Land Use:

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

Weather Condition: Sunny, dry

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):

While cleaning a small non-reportable release caused by high line pressure in a flowline, KPK uncovered a historical release near the wellhead. Upon discovery of the recent release, the well was shut in, the flowline was flushed, and fluids were removed via vacuum truck. The historical contamination is currently being excavated and disposed of at a certified landfill.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|------------------|------------------|-------|----------|
| 1/8/2019 | Town of Frederic | Jennifer Simmons | - | Email |
| 1/8/2019 | Weld County | Jason Maxley | - | Email |
| 1/8/2019 | Surface Owner | | - | |

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: 01/10/2019

| 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): 25

Depth of Impact (feet BGS): 11 Depth of Impact (inches BGS): 0

How was extent determined?

Initial visual observation with field screening. Samples were collected and analyzed to confirm clean boundaries had been reached

Soil/Geology Description:

Olney fine sandy loam, 3 to 5 percent slope

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 5

If less than 1 mile, distance in feet to nearest Water Well 1732 None Surface Water 3134 None

Wetlands _____ None

Springs _____ None

Livestock _____ None

Occupied Building 470 None

Additional Spill Details Not Provided Above:

Empty rectangular box for additional spill details.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/10/2019

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

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

High pressure in the sales line resulted in higher line pressure in the flowline, which cause the like to leak.

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

KPK is working with the midstream purchaser to address high line pressure events and prevent future damage to existing infrastructure

Volume of Soil Excavated (cubic yards): 203

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: 12072

OPERATOR COMMENTS:

Empty rectangular box for 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 Engineering Date: 01/15/2019 Email: slaramesa@kpk.com

COA Type

Description

| COA Type | Description |
|----------|-------------|
| | |

Attachment Check List

| Att Doc Num | Name |
|-------------|-----------------|
| 401904710 | SITE MAP |
| 401904711 | TOPOGRAPHIC MAP |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)