

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:

401977615

Date Received:

03/19/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

458797

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: Susana Lara-Mesa
Phone Numbers: Phone: (303) 825-4822 Mobile: (303) 825-4822 Email: mknop@kpk.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401790845

Initial Report Date: 10/10/2018 Date of Discovery: 09/24/2018 Spill Type: Historical Release

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
Spill/Release Point Name: 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? 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): Unknown 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: 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):

On September 24, 2018 at around 4 pm, a surface owner notified the emergency number of an oil stain on surface right next to the header. The surface owner also called 911 and the Fire Department was on location. The Fire Department conducted a gas analysis in the nearby area and indicated that there was no gas present and that it was safe to excavate to clean the contaminated soil. All the wells connected to the header were immediately shut-in and a crew was mobilized to location the next morning.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/24/2018	Fire Department		-	
9/24/2018	Surface Owner		-	
10/10/2018	Weld County	Jason Maxey	-	Email

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: \_\_\_\_\_

### 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: 12787

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 Air Quality Date: 03/19/2019 Email: mknop@kpk.com

COA Type

Description

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

### Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

### General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)