

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: <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>(303) 825-4822</u>
Contact Person: <u>Susana Lara-Mesa</u>		Email: <u>mknop@kpk.com</u>

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

COA Type	Description

Attachment Check List

Att Doc Num

Name

401977615	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401995072	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)