

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:

402031540

Date Received:

05/03/2019

SPILL/RELEASE REPORT (INITIAL)

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:
GINTAUTAS, PETER

Spill/Release Point ID:
464277

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>(720) 317-8161</u>
Contact Person: <u>Max Knop</u>		Email: <u>mknop@kpk.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402031540

Initial Report Date: 05/03/2019 Date of Discovery: 05/02/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 15 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.132730 Longitude: -104.869960

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

Spill/Release Point Name: Parker #44-15 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): Unknown

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; 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):

COGCC Inspector Randy Silver performed a Field Inspection at the Parker 44-15 facility on May 2, 2019. During Mr. Silver's inspection he recorded that the ground around the produced water tank was saturated. Mr. Silver noted that the saturation was observed at a minimum of a 40 square foot area, at a depth of 12 inches below ground surface. KPK will inspect the location on May 3, 2019 to further investigate the issue surrounding the fluid release. Once additional details are collected, they will be provided in a supplemental Form 19.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/3/2019	Weld County	Dave Burns	970-400-3993	Weld County Spill Report Form (Email)
5/3/2019	Land Owner	Front Range Dairy	970-534-1047	Notified David Deehan about the release. Followed up with email notification.

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: _____

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: Max Knop

Title: Gen Mangr Air Quality Date: 05/03/2019 Email: mknop@kpk.com

COA Type

Description

	Provide documentation justifying closure request within 90 days of release via supplemental form 19. If investigation and remediation require further actions beyond 90 days then submit form 27 for approval within 90 days of spill (31 July 2019).
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Attachment Check List

Att Doc Num	Name
402031540	SPILL/RELEASE REPORT(INITIAL)
402031588	TOPOGRAPHIC MAP
402031591	SITE MAP
402032526	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
Environmental	changed to not at well or location to preserve coordinates of spill	05/05/2019

Total: 1 comment(s)