

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:

402313001

Date Received:

02/13/2020

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

471621

### 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.

### OPERATOR INFORMATION

Name of Operator: <u>KINDER MORGAN CO2 CO LP</u>	Operator No: <u>46685</u>	<b>Phone Numbers</b>
Address: <u>1001 LOUISIANA ST SUITE 1000</u>		Phone: <u>(970) 882-5532</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>		Mobile: <u>(970) 403-9501</u>
Contact Person: <u>Michael Hannigan</u>		Email: <u>michael_hannigan@kindermorgan.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402313001

Initial Report Date: 02/13/2020 Date of Discovery: 02/13/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 13 TWP 37N RNG 18W MERIDIAN N

Latitude: 37.470397 Longitude: -108.790697

Municipality (if within municipal boundaries): \_\_\_\_\_ County: MONTEZUMA

#### Reference Location:

Facility Type: GAS COMPRESSOR STATION  Facility/Location ID No 436392

Spill/Release Point Name: Yellow Jacket Produced Water Pump  No Existing Facility or Location ID No.

Number: 103B  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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 111 bbls Produced Water

#### Land Use:

Current Land Use: OTHER Other(Specify): Industrial (Compressor Plant)

Weather Condition: 40 Deg F, clear, wind 5 mph

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):

The spill resulted from the failure of the packing on produced water pump 103B located inside a concrete containment area just south of the tank farm. Produced water from the release initially stayed inside the concrete containment area and was directed to the sump however the sump pump failed to activate. The produced water filled the sump, backed up into the containment area and then overflowed onto the ground surface on the north side of the containment area. The volume of the spill is based on our SCADA tank fluid level trend which was calculated to be a total of 111 barrels released and 72 barrels recovered and pumped back into the tank.

**List Agencies and Other Parties Notified:**

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:**

\_\_\_\_\_

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Michael Hannigan

Title: EHS Supervisor Date: 02/13/2020 Email: michael\_hannigan@kindermorgan.com

<b>COA Type</b>	<b>Description</b>
	The operator shall comply with Rule 910.b.3. The operator shall ensure that analytical laboratories use appropriate methods with detection limits less than or equal to the concentrations in Table 910-1.
	Per Rule 906.b(2) and 906.b(3), the operator shall notify the surface owner and local government within 24 hours of a spill/release of E & P waste or produced fluids reportable under Rule 906.b(1)A or B. The operator shall report these notices on the supplemental report.
	The operator shall submit a supplemental spill report within ten days of discovery of the release with all of the additional information required by Rule 906.b.1.

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
402313001	SPILL/RELEASE REPORT(INITIAL)
402315489	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)