

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:

402427081

Date Received:

06/21/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

476987

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>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# 402427081

Initial Report Date: 06/21/2020 Date of Discovery: 06/20/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNE SEC 20 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.129360 Longitude: -104.798787

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

Reference Location:

Facility Type: OFF-LOCATION FLOWLINE

Facility/Location ID No _____

Spill/Release Point Name: NESSSU CONSOLIDATION

Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

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): >=1 and <5

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=1 and <5

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: Cloudy, Warm Temp

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):

KPK was notified of a flowline release at approximately 9:15 pm on 6/20/2020 by the surface owner. Entire flowline system was shut-in on 6/20/2020 in response to the notification. Release occurred in a corn field affecting at least one row of corn in the field. Additional investigation is needed to confirm the root cause of the flowline failure. Initial excavation and hydrovac'ing was performed to remove any pooled liquids present at the time of response to the flowline release notification. Based on historical release information, release has occurred at the location of spill/release point 470915 & REM project #15409.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/20/2020	Surface Owner	Brittney White	720-648-7600	reported release to KPK
6/21/2020	Weld County	OEM	-	On-line Spill Report

Was there a Grade 1 Gas Leak? Yes No

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes No

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 of Air Quality Date: 06/21/2020 Email: mknop@kpk.com

COA Type

Description

	Provide documentation justifying closure request within 45 days of release via supplemental form 19. If investigation and remediation require further actions beyond 45 days then submit form 27 for approval within 45 days of spill (2August2020).
	Email information outlined below to COGCC engineering integrity inspector Maclaren and update CA section of supplemental form 19 spill report to include the following (pertaining to compliance of COGCC series 1100 flowline regulations): 1) Root cause of flowline failure resulting in this release (operator determination). 2) Measures taken to prevent a re-occurrence. 3) Written description of flowline repair work completed 4) Map of the general alignment of this off location flowline 5) Provide post repair flowline pressure test chart (Note: satisfactory pressure test shall be completed by the operator prior to returning flowline(s) to service).

Attachment Check List

Att Doc Num

Name

402427081	SPILL/RELEASE REPORT(INITIAL)
402427085	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	coordinates provided are approximately 100 feet to the southwest of the previous spill and do not plot on flowline from flowline mapping information provided by operator in past.	06/22/2020

Total: 1 comment(s)