

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402435296

Date Received:

07/02/2020

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

476987

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>(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

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	07/01/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	_____	_____	<input checked="" type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>	
DRILLING FLUID	0	0	<input type="checkbox"/>	
FLOW BACK FLUID	0	0	<input type="checkbox"/>	
OTHER E&P WASTE	0	0	<input type="checkbox"/>	
specify:	_____			
Was spill/release completely contained within berms or secondary containment?	NO		Was an Emergency Pit constructed?	NO
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit				
Impacted Media (Check all that apply)	<input checked="" type="checkbox"/> Soil	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Dry Drainage Feature
Surface Area Impacted:	Length of Impact (feet):	25	Width of Impact (feet):	20
	Depth of Impact (feet BGS):	5	Depth of Impact (inches BGS):	_____
How was extent determined?				
Extent estimated based on the current limits of excavation. Samples have not been collected to confirm the extent boundaries.				
Soil/Geology Description:				
Olney fine sandy loam.				
Depth to Groundwater (feet BGS)	20		Number Water Wells within 1/2 mile radius:	28

If less than 1 mile, distance in feet to nearest
 Water Well 1049 None Surface Water 1070 None
 Wetlands _____ None Springs _____ None
 Livestock 850 None Occupied Building 650 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/01/2020

Root Cause of Spill/Release Equipment Failure
 Other (specify) _____

Type of Equipment at Point of Spill/Release: Production Line

If "Other" selected above, specify or describe here:

Describe Incident & Root Cause (include specific equipment and point of failure)

Previous repair work on 3-inch fiberglass flowline (Spill/Release Point ID 470915) failed causing a release of an unknown amount of hydrocarbon fluid. Failure occurred at the coupler that had been used to repair the flowline.

Describe measures taken to prevent the problem(s) from reoccurring:

Flowline system was shut-in upon notification of the release. Damaged section of flowline was removed and replaced with a new 3-foot section of fiberglass piping. Repaired section of flowline was pressure tested to confirm repairs.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: _____

OPERATOR COMMENTS:

Location coordinates initially reported for the release location were inaccurate. Coordinates should show the same location as spill/release point ID 470915 (40.129619, -104.798581).

The field in which the release occurred has the potential to be irrigated, which might create impacts to Waters of the State. This was not reflected in the initial spill report.

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: 07/02/2020 Email: mknop@kpk.com

COA Type**Description**

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Attachment Check List**Att Doc Num****Name**

402435296	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402435318	SITE MAP
402435319	TOPOGRAPHIC MAP
402435336	OTHER
402436999	FORM 19 SUBMITTED

Total Attach: 5 Files

General Comments**User Group****Comment****Comment Date**

Environmental	an error within the COGCC data base/eForms system was encountered when this form was first submitted which delayed submission and approval of the supplemental form 19.	07/02/2020
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Total: 1 comment(s)