

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:

402462389

Date Received:

08/09/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

477609

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# 402462389

Initial Report Date: 08/09/2020 Date of Discovery: 08/08/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNE SEC 34 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.100704 Longitude: -104.985894

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

Reference Location:

Facility Type: OFF-LOCATION FLOWLINE

Facility/Location ID No _____

Spill/Release Point Name: Woolley #2 Flowline

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): Unknown

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

Estimated Other E&P Waste Spill Volume(bbl): Unknown

Estimated Drilling Fluid Spill Volume(bbl): Unknown

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Sunny, warm

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):

Third party notified KPK about a flowline release near the Woolley #2 well On August 8, 2020. KPK responded by shutting in the well. Local fire department responded to the 911 notification. Extent of impact due to the flowline release has not been defined. Surface staining visible at the time associated well was shut in. There were no pooled liquids present at the time of response. Cause of flowline failure unknown at this time.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|------------------------|-------------------|--------------|---|
| 8/8/2020 | Fire Department | | -911 | Responded on-site to notification |
| 8/9/2020 | Weld County | OEM | - | On-line spill report |
| 8/9/2020 | Local Emergency Agency | CVEMA | - | Notified via Weld Co. On-line spill report. |
| 8/9/2020 | Landowner | Town of Frederick | 720-382-5500 | Voicemail |

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: 08/09/2020 Email: mknop@kpk.com

COA Type

Description

| COA Type | Description |
|----------|-------------|
| | |

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------------------|
| 402462389 | SPILL/RELEASE REPORT(INITIAL) |
| 402463141 | 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)