

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402469208

Date Received:

08/18/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

477609

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>	Mobile: <u>(720) 317-8161</u>
Zip: <u>80202</u>		Email: <u>mknop@kpk.com</u>
Contact Person: <u>Max Knop</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 6Latitude: 40.100704 Longitude: -104.985894Municipality (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 <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): UnknownEstimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): UnknownEstimated Drilling Fluid Spill Volume(bbl): Unknown

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Sunny, warmSurface 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 ☐

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/18/2020		
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			
Secondary containment, including walls & floor regardless of construction material , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
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): 20		Width of Impact (feet): 15	
Depth of Impact (feet BGS): 5		Depth of Impact (inches BGS): _____	
How was extent determined?			
Extent based on current limits of excavation. Impacted soil is tracking along the flowline trench. Delineation of the total horizontal and vertical extent of impacted soil has yet to be completed. Total extent will be based on excavation activities and soil screening results using PID and analytical results from collected soil samples. Soil samples will be collected from the release area and submitted for laboratory analysis of TPH, BTEX, pH, EC, and SAR. The analytical results and assessment of the extent will be provided in a supplemental report.			
Soil/Geology Description:			

Depth to Groundwater (feet BGS)	<u>25</u>	Number Water Wells within 1/2 mile radius:				<u>25</u>		
If less than 1 mile, distance in feet to nearest	Water Well	<u>850</u>	None	<input type="checkbox"/>	Surface Water	<u>1300</u>	None	<input type="checkbox"/>
	Wetlands	<u></u>	None	<input checked="" type="checkbox"/>	Springs	<u></u>	None	<input checked="" type="checkbox"/>
	Livestock	<u></u>	None	<input checked="" type="checkbox"/>	Occupied Building	<u>760</u>	None	<input type="checkbox"/>

#1	Supplemental Report Date:	08/18/2020
Root Cause of Spill/Release <u>Pipe, Weld, or Joint Failure</u>		
Other (specify) _____		
Type of Equipment at Point of Spill/Release: <u>Production Line</u>		
If "Other" selected above, specify or describe here:		
Describe Incident & Root Cause (include specific equipment and point of failure)		
Flowline failure occurred as a result of improper transition work performed on the flowline. KPK contracted third party work to make well flowline connection into consolidation gathering line. Third party incorrectly slotted and tapered 3" fiberglass flowline to transition into the 3" HDPE (poly) line.		
Describe measures taken to prevent the problem(s) from reoccurring:		
KPK has cut out the flowline transition completed by third party and redone the transition work to properly connect the 3" fiberglass line into the 3" poly line. 3" fiberglass line was tapered and connected into a steel transition coupler, which was then connected to the 3" poly line. KPK has notified the third party of issues discovered with their flowline work and the resulting flowline release.		
Volume of Soil Excavated (cubic yards): <u>0</u>		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment		
<input type="checkbox"/> Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): <u>0</u>		
Volume of Impacted Surface Water Removed (bbls): <u>0</u>		

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.

OPERATOR COMMENTS:

Signed: _____ Print Name: Max Knop

Title: Gen Mangr of Air Quality Date: 08/18/2020 Email: mknop@kpk.com

<u>COA Type</u>	<u>Description</u>
	Operator must complete the Spill/Release Detail Report section of the Form 19 Supplemental Spill/Release Report.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402469208	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402469427	SITE MAP
402469430	TOPOGRAPHIC MAP
402476510	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)