

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:

402477665

Date Received:

08/28/2020

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: KP KAUFFMAN COMPANY INC	Operator No: 46290	Phone Numbers Phone: (303) 825-4822 Mobile: (720) 317-8161 Email: mknop@kpk.com
Address: 1675 BROADWAY, STE 2800		
City: DENVER	State: CO Zip: 80202	
Contact Person: Max Knop		

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 ☐

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 08/28/2020		
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): 25		Width of Impact (feet): 15	
Depth of Impact (feet BGS): 6		Depth of Impact (inches BGS): _____	
How was extent determined?			
Limits of excavation and analytical results from collected soil samples. Soil sample locations, analytical results and approximate excavation limits provided in attachment.			

Soil/Geology Description:

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: 08/28/2020 Email: mknop@kpk.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402477690	ANALYTICAL RESULTS
402477708	DISPOSAL MANIFEST
402477764	SITE MAP
402477765	ANALYTICAL RESULTS
402477769	OTHER

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)