

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:

402498563

Date Received:

09/28/2020

Spill report taken by:

Oakman, Kari

Spill/Release Point ID:

478086

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# 402493419

Initial Report Date: 09/20/2020 Date of Discovery: 09/19/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SESE SEC 29 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.014968 Longitude: -104.905802

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

Reference Location:

Facility Type: OFF-LOCATION FLOWLINE

Facility/Location ID No _____

Spill/Release Point Name: UPRR 43 PAN AM G Consolidation #2

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? No

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: NON-CROP LAND Other(Specify): _____

Weather Condition: Clear, sunny and 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):

Landowner notified KPK at 2:15 pm on 9/19/2020, via the emergency contact line that an active flowline release was observed. KPK shut-in and depressurized flowline system within 2-hours of notification. Equipment was brought in same day to remove standing liquids and contain flowline release at ground surface level.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/19/2020	Landowner	Bob Sandoval	-	Notified KPK of flowline release.
9/20/2020	Weld County & LEPC	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: 09/28/2020

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 20 Width of Impact (feet): 10

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): _____

How was extent determined?

Extent of impact has not been defined. Vertical and horizontal impact estimates are based on the visual observation of the current limits of excavation (September 23, 2020).

Soil/Geology Description:

Nunn loam, 0 to 1% slopes.

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 16

If less than 1 mile, distance in feet to nearest
 Water Well 340 None Surface Water 210 None
 Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building 250 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 09/28/2020

Root Cause of Spill/Release Pipe, Weld, or Joint Failure
 Other (specify) _____

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

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

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

Flowline failure location identified along the HDPE to carbon steel transition weld. Failure at the transition occurred at the 9 o'clock position (looking north).

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

Remaining section of 8" carbon steel line will be stung with HDPE pipe. Stung section of line will be pressure tested before being brought back into operation.

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:

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: 09/28/2020 Email: mknop@kpk.com

COA Type	Description

Attachment Check List

Att Doc Num**Name**

402498634	SITE MAP
402498635	TOPOGRAPHIC MAP

Total Attach: 2 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)