

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:

402512448

Date Received:

10/15/2020

Spill report taken by:

Spill/Release Point ID:

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: KP KAUFFMAN COMPANY INC

Operator No: 46290

Address: 1675 BROADWAY, STE 2800

City: DENVER

State: CO

Zip: 80202

Contact Person: Max Knop

Phone Numbers

Phone: (303) 825-4822

Mobile: (720) 317-8161

Email: mknop@kpk.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402512448

Initial Report Date: 10/15/2020

Date of Discovery: 10/01/2020

Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWSE SEC 10 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.065230

Longitude: -104.878096

Municipality (if within municipal boundaries): Dacono

County: WELD

Reference Location:

Facility Type: OFF-LOCATION
FLOWLINE

☐ Facility/Location ID No

Spill/Release Point Name: Suckla-Brown Unit 17
Header

☐ 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): >0 and <1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >0 and <1

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: Sunny, warm, windy

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):

Stained soil at flowline manifold observed by COGCC on 10/1/2020, and documented in Field Inspection Doc# 699501738. COGCC EPS noted hydrocarbon odors from area where stained soils were observed on 10/14/2020, and documented in Field Inspection Doc #689501109. Flowlines that are potentially associated with observed surface staining and odors have been shut in. Excavation is necessary to uncover responsible flowline and to determine root cause of the release.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
10/15/2020	Weld County/LEPC	Weld County OEM	-	On-line spill report
10/15/2020	Land Owner	4 Z Investments, LLC	-	

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:

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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: 10/15/2020 Email: mknop@kpk.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)