

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:

Oakman, Kari

Spill/Release Point ID:

478370

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>	<b>Phone Numbers</b> Phone: <u>(303) 825-4822</u> Mobile: <u>(720) 317-8161</u> Email: <u>mknop@kpk.com</u>
Address: <u>1675 BROADWAY, STE 2800</u>		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		
Contact Person: <u>Max Knop</u>		

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:**

--

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

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402512448	SPILL/RELEASE REPORT(INITIAL)
402512746	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)