

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:

402517683

Date Received:

10/23/2020

Spill report taken by:

Oakman, Kari

Spill/Release Point ID:

478370

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# 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

| Date | Agency/Party | Contact | Phone | Response |
|------------|------------------|----------------------|-------|----------------------|
| 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 ☐

SPILL/RELEASE DETAIL REPORTS

| | | | |
|--|--------------------------------------|--|-------------------------------------|
| #1 | Supplemental Report Date: 10/23/2020 | | |
| 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u> | | | |
| <i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i> | | | |
| 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 of impact has not been defined. Vertical and horizontal impact estimates are based on visual observation of surface staining from photos provided in field Inspection Doc# 699501738. Depth is estimated based on the buried depth of the flowlines associated with the manifold. | | | |
| Soil/Geology Description: | | | |
| Wiley-Colby complex, 1 to 3 % slopes | | | |
| Depth to Groundwater (feet BGS) 15 | | Number Water Wells within 1/2 mile radius: 6 | |

Title: Gen Mangr of Air Quality Date: 10/23/2020 Email: mknop@kpk.com

COA Type**Description**

| | |
|--|--|
| | On the next Form 19 subsequent operator is to provide an updated root cause of the incident and preventative measures that will be taken to prevent reoccurrence. Please give the location of the failure (i.e. 6 O'clock position) and if the root cause is corrosion explain if it is external or internal. |
| | Operator will provide documentation justifying closure within 45 days of spill release (11/15/2020). Documentation shall include confirmation soil sample analytical data that verifies compliance with Table 910-1, a sample location diagram, summary table of analytical results compared to table 910-1 standards, analytical lab reports, and disposal manifests. If investigation and remediation require further actions beyond 45 days then submit a Form 27 for approval within 45 days of spill which includes an implementation schedule and remediation workplan for the spill clean-up. |

Attachment Check List**Att Doc Num****Name**

| | |
|-----------|------------------------------------|
| 402517683 | SPILL/RELEASE REPORT(SUPPLEMENTAL) |
| 402517712 | SITE MAP |
| 402517713 | TOPOGRAPHIC MAP |
| 402519013 | FORM 19 SUBMITTED |

Total Attach: 4 Files

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

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)