

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> 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# 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?	NO		Was an Emergency Pit constructed?	NO
<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

If less than 1 mile, distance in feet to nearest Water Well 100 None Surface Water 2590 None
Wetlands _____ None Springs _____ None
Livestock _____ None Occupied Building 215 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/23/2020

Root Cause of Spill/Release Equipment Failure

Other (specify) _____

Type of Equipment at Point of Spill/Release: Manifold Piping

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

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

Manifold piping has not been exposed to identify specific equipment or the point of failure.

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

Damaged equipment will be repaired, and pressure tested prior to resuming 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): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: 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
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Total: 0 comment(s)