

State of Colorado  
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402540541

Date Received:

11/25/2020

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

478617

### 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>	<b>Phone Numbers</b>
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# 402537822

Initial Report Date: 11/23/2020 Date of Discovery: 11/18/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SESW SEC 21 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.118760 Longitude: -105.005970

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: WELL  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Jillson 'A' #1  Well API No. (Only if the reference facility is well) 05-123-08777

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? Yes

*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 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: CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Sunny, 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):

COGCC Field Inspection (Doc #699302980) observed active salt water release from the Jillson 'A' #1 surface casing. At the time of notification, KPK did not believe release was associated with wellhead based on performed bradenhead and flowline integrity tests. KPK is investigating area to determine source of fluids and cause of release.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/23/2020	Weld County/LEPC	Weld County OEM	-	Notification of release. On-line spill report.
11/23/2020	Land Owner	PENN TAMMY JILLSON	-	Notification of release.

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:	11/25/2020		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input 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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
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): <u>6</u>	Width of Impact (feet): _____	
		Depth of Impact (feet BGS): <u>6</u>	Depth of Impact (inches BGS): _____	
How was extent determined?				
Extent of impact is unknown. Further investigation into the root cause of the release is necessary. Extent of contamination will be defined based on limits of excavation required to remediate impacted soils.				
Soil/Geology Description:				
Vona Sandy Loam, 1 to 3 % slopes				
Depth to Groundwater (feet BGS)		<u>10</u>	Number Water Wells within 1/2 mile radius: <u>3</u>	

If less than 1 mile, distance in feet to nearest Water Well 1290 None  Surface Water 2015 None   
 Wetlands \_\_\_\_\_ None  Springs \_\_\_\_\_ None   
 Livestock \_\_\_\_\_ None  Occupied Building 580 None

Additional Spill Details Not Provided Above:

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/25/2020

Root Cause of Spill/Release Unknown (Historical)  
 Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Other  
 If "Other" selected above, specify or describe here:  

Unknown

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

Root cause of release is unknown. Excavation activities required to expose and assess wellhead surface casing.

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

Corrective actions will be based on discovery of spill/release root cause. If root cause of spill/release is due to equipment owned and operated by KPK, equipment will be repaired/replaced to prevent future occurrences.

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: 11/25/2020 Email: mknop@kpk.com

COA Type	Description
	Operator must submit a Form 19 Supplemental Report with a schedule for implementing the investigation/excavation described in the Corrective Actions Report.

## Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402540541	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402540603	TOPOGRAPHIC MAP
402540604	SITE MAP
402540649	FORM 19 SUBMITTED

Total Attach: 4 Files

## General Comments

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

Total: 0 comment(s)