

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:

402564461

Date Received:

12/31/2020

Spill report taken by:

Oakman, Kari

Spill/Release Point ID:

478086

### 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# 402493419

Initial Report Date: 09/20/2020 Date of Discovery: 09/19/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SESE SEC 29 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.014968 Longitude: -104.905802

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

#### Reference Location:

Facility Type: OFF-LOCATION FLOWLINE

Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: UPRR 43 PAN AM G Consolidation #2

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): >=1 and <5

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: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear, sunny and 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):

Landowner notified KPK at 2:15 pm on 9/19/2020, via the emergency contact line that an active flowline release was observed. KPK shut-in and depressurized flowline system within 2-hours of notification. Equipment was brought in same day to remove standing liquids and contain flowline release at ground surface level.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Rows include 9/19/2020 Landowner Bob Sandoval and 9/20/2020 Weld County & LEPC Weld County OEM.

Was there a Grade 1 Gas Leak? Yes [ ] No [X]

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 [X]

If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

Was there damage during excavation? Yes [ ] No [X]

If YES, was CO 811 notified prior to excavation? Yes [ ] No [ ]

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)

[X] Work proceeding under an approved Form 27

Form 27 Remediation Project No: 16131

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: 12/31/2020 Email: mknop@kpk.com

Table with 2 columns: COA Type, Description

Attachment List

Table with 2 columns: Att Doc Num, Name. Rows include 402564461 SPILL/RELEASE REPORT(SUPPLEMENTAL) and 402575999 FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row includes Stamp Upon Approval

Total: 0 comment(s)