

# 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:

402605288

Date Received:

02/20/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479483

## 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: KP KAUFFMAN COMPANY INC

Operator No: 46290

Address: 1675 BROADWAY, STE 2800

City: DENVER

State: CO

Zip: 80202

Contact Person: Max Knop

#### Phone Numbers

Phone: (303) 825-4822

Mobile: (720) 317-8161

Email: mknop@kpk.com

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402605288

Initial Report Date: 02/20/2021

Date of Discovery: 02/19/2021

Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SESW SEC 33 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.002273

Longitude: -104.897426

Municipality (if within municipal boundaries): County: WELD

#### Reference Location:

Facility Type: OFF-LOCATION  
FLOWLINE

Facility/Location ID No

Spill/Release Point Name: Amoco-Charter-Schneider  
#7

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): &gt;0 and &lt;1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): &gt;0 and &lt;1

Estimated Other E&amp;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: Cloudy, cold

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):

Surface staining discovered by KPK employee along the Amoco-Charter-Schneider #7 flowline. Associated well was shut-in immediately. Excavation equipment brought to location to begin removing impacted soil.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
2/20/2021	Weld County/LEPC	Weld County OEM	-	on-line spill report; notification of release.
2/20/2021	Landowner	Torgerson	-	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 ☐

**OPERATOR COMMENTS:**

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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: 02/20/2021      Email: mknop@kpk.com

**COA Type**

**Description**

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**Attachment List**

**Att Doc Num**

**Name**

402605288	SPILL/RELEASE REPORT(INITIAL)
402608429	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)