

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:

402611173

Date Received:

02/25/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479483

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: KP KAUFFMAN COMPANY INC	Operator No: 46290	Phone Numbers Phone: (303) 825-4822 Mobile: (720) 317-8161 Email: mknop@kpk.com
Address: 1675 BROADWAY, STE 2800		
City: DENVER	State: CO Zip: 80202	
Contact Person: Max Knop		

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): >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: 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

Date	Agency/Party	Contact	Phone	Response
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 ☐

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/25/2021		
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			
Secondary containment, including walls & floor regardless of construction material , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
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): 10		Width of Impact (feet): 10	
Depth of Impact (feet BGS): 4		Depth of Impact (inches BGS): _____	
How was extent determined?			
Extent based on surface impact observations and depth to flowline. The total horizontal and vertical extent has not been established.			
Soil/Geology Description:			
Renohill clay loam, 3 to 9 % slopes			
Depth to Groundwater (feet BGS) 20		Number Water Wells within 1/2 mile radius: 10	

Attachment List

Att Doc Num **Name**

402611173	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402611191	SITE MAP
402611193	TOPOGRAPHIC MAP
402616732	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)