

State of Colorado
Oil and Gas Conservation Commission

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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: <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# 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
<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):	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	

If less than 1 mile, distance in feet to nearest
 Water Well 1100 None Surface Water 2075 None
 Wetlands _____ None Springs _____ None
 Livestock 50 None Occupied Building 150 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/25/2021

Root Cause of Spill/Release Pipe, Weld, or Joint Failure
 Other (specify) _____

Type of Equipment at Point of Spill/Release: Production Line

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

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

Release occurred along 3-inch fiberglass flowline. Point of failure is unknown at this time as well as the root cause of the flowline

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

Damaged section of flowline removed and replaced with new 3-inch fiberglass flowline. New section of fiberglass flowline will be fused to existing flowline.

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: 02/25/2021 Email: mknop@kpk.com

COA Type	Description

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

Total: 0 comment(s)