

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402617663

Date Received:

03/04/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479484

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) 8254822</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>()</u>
Contact Person: <u>Jeff Rickard</u>		Email: <u>jrickard@kpk.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402607886

Initial Report Date: 02/23/2021 Date of Discovery: 02/22/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENE SEC 34 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.100834 Longitude: -104.982908

Municipality (if within municipal boundaries): Frederick County: WELD

Reference Location:

Facility Type: OFF-LOCATION FLOWLINE

Facility/Location ID No 318500

Spill/Release Point Name: Woolley#1

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? 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): >=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: CROP LAND Other(Specify): _____

Weather Condition: Sunny

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):

On 2/22/2021 a third party excavator not associated with KPK was performing utility removal work and struck the off-location flowline. The excavation company notified KPK and the valves to the flowlines were immediately shut off as soon as KPK staff arrived.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/22/2021	Weld County/LEPC	Weld County OEM	-	Weld County OPM was notified.
2/22/2021	Surface Owner	Town Of Frederick	-	Town of Frederick is surface owner, notified via OPM

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: 02/22/2021

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) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 20 Width of Impact (feet): 30

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): _____

How was extent determined?

Extent based on surface observations and depth to flowline. The total vertical and horizontal extent has no been determined.

Soil/Geology Description:

SC. The immediate area is a former coal mine site, top 12-16" is littered with coal and bituminous debris.

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 7

If less than 1 mile, distance in feet to nearest Water Well 537 None Surface Water 282 None
Wetlands _____ None Springs _____ None
Livestock _____ None Occupied Building 508 None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 03/04/2021

Root Cause of Spill/Release Excavation Damage

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)

Third party excavation work in the area struck the flowline causing the leak. The flowline is fiberglass, the third party did not pothole the location even though marked flowline was know to not be exact due to difficulties in locating fiberglass lines.

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

When possible, ensure third party excavations in the area pothole fiberglass line(s).

Volume of Soil Excavated (cubic yards): 20

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: Jeff Rickard

Title: Regulatory Date: 03/04/2021 Email: jrickard@kpk.com

COA Type**Description**

	<p>The subject Form 19 Supplemental Report is incomplete. Per Rule 912.b.(4), the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes:</p> <p>A. A topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill</p> <p>B. All pertinent information about the spill/release known to the Operator that has not been reported previously including photo documentation showing the source of the Spill or Release, the impacted area, and initial cleanup activity</p> <p>C. Information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator</p> <p>D. Global Positioning System data that meets the requirements of Rule 216 if latitude and longitude data provided pursuant to Rule 912.b.(2).A did not meet the requirements of Rule 216.</p>
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Attachment List**Att Doc Num****Name**

402617663	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402617722	SITE MAP
402617723	TOPOGRAPHIC MAP
402619641	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)