

State of Colorado  
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402623005

Date Received:

03/09/2021

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>	<b>Phone Numbers</b>
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:	03/04/2021			
<b>FLUIDS</b>	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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>					
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>					
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>					
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):	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 totla vertical and horizontal extent has not been determined.					
Soil/Geology Description:					
SC. The immdiate area is a former coal mine site, the top 12-16' is littered with coal abd bitimun 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:

The initial clean up and repair has occurred. The soil that was impacted was removed and taken to an approved offsite disposal. The excavation is currently open until total impact can be determined and confirmed with lab samples. KPK does not anticipate the impacted area to be larger than the current excavation because the spill was immediately stopped when notified of the line strike from the third party excavator. The flowline has been repaired (see photos).

### 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 the flowline location was known not to be exact due to the difficulties in locating fiberglass lines. KPK would like to clarify the excavator was doing not work for KPK, but was doing work for a company unrelated to KPK or KPK's operations.

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

When possible, ensure third party excavators working in the area of KPK fiberglass lines pothole the 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: 03/09/2021 Email: jrickard@kpk.com

COA Type	Description

### Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402623005	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402623108	TOPOGRAPHIC MAP
402623109	SITE MAP
402623128	OTHER
402627718	FORM 19 SUBMITTED

Total Attach: 5 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)