

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:

402664788

Date Received:

04/20/2021

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

479618

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
Address: 1675 BROADWAY, STE 2800
City: DENVER State: CO Zip: 80202
Contact Person: Jeff Rickard
Phone Numbers
Phone: (303) 8254822
Mobile: ( )
Email: jrickard@kpk.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402625246

Initial Report Date: 03/10/2021 Date of Discovery: 03/09/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWSE SEC 14 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.045473 Longitude: -104.855309

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: OIL AND GAS LOCATION [X] Facility/Location ID No 335610

Spill/Release Point Name: KIEFER GEORGE W UT B #1A [ ] 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):

Subsurface release daylighted near the KIEFER GEORGE W UT B #1A well. Cause of release currently unknown. Associated well production operations have been shut in until further notice. Surfaced fluid was scraped and removed from location.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/10/2021	Landowner	Norden	-	Notification of release
3/10/2021	Weld County/LEPC	Weld County OEM	-	On-line spill report; 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

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 04/20/2021

Root Cause of Spill/Release Pipe, Weld, or Joint Failure

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Process Piping

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

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

The spill was caused by a washed-out 90 deg.

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

The steel line was replaced with poly line to prevent this in the future.

Volume of Soil Excavated (cubic yards):

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:

This Form 19s is being submitted to meet the Corrective Action issued in FIR DOC# 690102340. Currently the remediation of impacted soil is ongoing. The CA requested answers to the following questions by 4/23/21:

Provide information requested below to COGCC Integrity Inspector (via email) and add to Corrective Actions section of COGCC supplemental form 19 spill report (pertaining to compliance of COGCC series 1100 flowline regulations):

1) Outline root cause of failure resulting in spill (1104.k. Integrity Failure Investigation/ operator determination)  
The spill was caused by a washed-out 90 deg.

2) Measures taken to prevent a recurrence of failure (1102.I Corrosion Control.  
The steel line was replaced with poly line to prevent this in the future.

3) Description of flowline repair/replacement work completed (1102.j. Repair)  
The steel line was replaced with poly line and repairs were verified by pressure test.

4) Perform flowline pressure testing to verify integrity of repairs/ reconections completed prior to returning well to service (1102.j.4 and 1102.O). Contact COGCC Integrity Inspector with schedule of repair work and pressure testing. Upload flowline pressure testing chart/ data to COGCC Form 19 subsequent.  
Pressure test was completed on 3/22/21. A PDF of the chart is attached.

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: 04/20/2021 Email: jrickard@kpk.com

### COA Type

### Description

<u>COA Type</u>	<u>Description</u>

### Attachment List

#### Att Doc Num

#### Name

<u>Att Doc Num</u>	<u>Name</u>
402664806	OTHER

Total Attach: 1 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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

Total: 0 comment(s)