

FORM
22

Rev
01/20

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
04/06/2022

Accident Tracking No.:
403006647

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 46290 Contact Name: Jennifer Galles
Name of Operator: KP KAUFFMAN COMPANY INC Phone: (208) 2018280
Address: 1675 BROADWAY, STE 2800 Fax: ()
City: DENVER State: CO Zip: 80202 Email: PrimaryContractor@marcomllc.net

ACCIDENT DATE, TIME, and LOCATION (Please be as specific as possible)

Date of Accident: 04/05/2022 Time of Accident: 3:00 PM
API Number: 05- Facility ID: 480275 Type of Facility: SPILL OR RELEASE
Well/Facility Name: E. Stieber Consolidation Well/Facility Num:
County: WELD
Location: QTRQTR: NWNE Sec: 23 Twp: 1N Rng: 67W Meridian: 6
Lat: 40.043547 Long: -104.857700
Field Name: Field Number:

Was there a reportable E & P waste spill or release associated with this accident? Yes ☒ No ☐
If YES, enter the Document Number of the Initial Spill/Release Report, Form 19: 403005364
Was there a Grade 1 Gas Leak associated with this accident? Yes ☐ No ☒
If YES, enter the Document Number of the Initial Spill/Release Report, Form 44:

DESCRIPTION OF ACCIDENT

Number of members of the general public injured: 0
Number of workers injured: 0
Number of general public fatalities: 0
Number of worker fatalities: 0

Type of Accident (check all that apply):

- ☐ Fire
☐ Explosion
☐ Detonation
☒ Uncontrolled Release
☐ Vandalism
☐ Terrorism
☐ Hazardous Chemical
☐ Other Description:

Firefighting Foam or Chemical UseWere firefighting foams/chemicals utilized? No

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

Detailed Description of Accident:

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

KPK Personnel were backfilling and compacting the excavation. The compaction wheel struck the flowline and caused a release of oil and produced water into the excavation. Hydrovac crews immediately responded to vacuum out the free standing liquids. Initial response removed approximately 55 bbls.

OTHER NOTIFICATIONS

List all parties and agencies that were notified or responded to the accident. (For example: Local Government Designee, Municipality, County, BLM, EPA, CDOT, Local Emergency Planning Coordinator, etc.)

Date	Agency	Contact	Response
04/06/2022	Property Owner	Wright	Notified via email of release
04/06/2022	COGCC	Nikki Graber	Contacted via phone; followed up with Form 19 report.
04/06/2022	Weld County	OEM	Notification via online spill report

OPERATOR COMMENTS and SUBMITTAL

Notified COGCC EPS Nikki Graber immediately of release on 4/5/22. Ms. Graber requested this Form 22 be submitted.

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Jennifer Galles Email: PrimaryContractor@marcomllc.netSignature: _____ Title: Consultant Date: 04/06/2022**CONDITIONS OF APPROVAL, IF ANY:****Condition of Approval****COA Type****Description**

	Prior to May 20, 2022 provide subsequent Form 22 with root cause of incident. Include documentation of policies, practiced, procedures and training implemented to prevent future occurrences
1 COA	

General Comments

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

Total: 0 comment(s)

Attachment List

Att Doc Num

Name

403006667

PHOTOS

Total Attach: 1 Files