

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

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

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

Were firefighting foams/chemicals utilized?       No      

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

[Empty box for listing 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.net

Signature: \_\_\_\_\_ Title: Consultant Date: 04/06/2022

**CONDITIONS OF APPROVAL, IF ANY:**

**Condition of Approval**

**COA Type**

**Description**

1 COA	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
-------	---

---

**General Comments**

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

Total: 0 comment(s)

---



## Attachment List

**Att Doc Num**

**Name**

403006667

PHOTOS

Total Attach: 1 Files