

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

403024563

Date Received:

04/22/2022

Spill report taken by:

Anderson, Laurel

Spill/Release Point ID:

481902

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 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

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>
Contact Person: <u>Jeff Rickard</u>		Mobile: <u>()</u>
		Email: <u>jrickard@kpk.com</u>

☐ Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 403002539

Initial Report Date: 04/03/2022 Date of Discovery: 04/02/2022 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNE SEC 23 TWP 2N RNG 67W MERIDIAN 6Latitude: 40.125649 Longitude: -104.853208Municipality (if within municipal boundaries): NA County: WELD

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Reference Location:

Facility Type: PIPELINE☒ Facility/Location ID No 478714Spill/Release Point Name: Marie Gerhart 9☐ Well API No. (Only if the reference facility is well) 05- -☐ No Existing Facility or Location ID No.

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): UnknownEstimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Has the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Cool CloudySurface Owner: FEE

Other(Specify): _____

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Landowner Called KPK emergency line to report oil on surface. KPK immediately isolated and depressurized the flowline. All surface product and the top 1' of soil was removed on 4/2/22. KPK has called in a utility locate ticket and investigation will continue once utilities clear. Lat and Lon were taken using a cell phone in a know poor service area, KPK suspects the coordinates are off and will update the coordinates on a supplemental19 when a Garmin unit can be taken out to location.

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
4/3/2022	Weld County		-	OEM webform submission.
4/2/2022	Landowner		-	

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

- No Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.
- Waters of the State: _____ Public Water System: _____
- Residence or Occupied Structure: _____ Livestock: _____
- Wildlife: _____ Publicly-Maintained Road: _____
- Yes Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.
- No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.
- No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak
- Enter the approximate time of discovery _____ (HH:MM)
- 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? _____
- Enter the Document Number of the Initial Accident Report, Form 22 _____
- Was there damage during excavation? _____
- Was CO 811 notified prior to excavation? _____
- No Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.
- Estimated Volume of Impacted Solids (cu. yd.): _____
- No Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:
- ☐ The presence of free product or hydrocarbon sheen Surface Water
- ☐ The presence of free product or hydrocarbon sheen on Groundwater
- ☐ The presence of contaminated soil in contact with Groundwater
- ☐ The presence of contaminated soil in contact with Surface water

Yes	Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylights from the subsurface.
No	Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.
	<input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way
No	Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.
No	Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 04/22/2022
Root Cause of Spill/Release Other	
Other (specify) Unknown Third Party Interference	
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)	
Unknown Third Party Interference, appears the line was struck by a third party sometime in the past and was incorrectly repaired and covered up without KPK knowledge. Repair consisted of a rubber/silicone tube clamped into place with radiator or dryer clamps around damage.	
Describe measures taken to prevent the problem(s) from reoccurring:	
Pipe will be repaired correctly will glued couplings.	
Volume of Soil Excavated (cubic yards): ■	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> 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, check all that apply)
 - ☐ Horizontal and Vertical extents of impacts have been delineated.
 - ☐ Documentation of compliance with Table 915-1 is attached.
 - ☐ All E&P Waste has been properly treated or disposed.
 - ☐ Work proceeding under an approved Form 27 (Rule 912.c).
 - Form 27 Remediation Project No: _____
 - ☐ SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

Updated root cause

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: 04/22/2022 Email: jrickard@kpk.com

COA Type

Description

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Attachment List

Att Doc Num

Name

403024564	PHOTO DOCUMENTATION
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)