

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:

403290554

Date Received:

02/10/2023

Spill report taken by:

Graber, Candice
(Nikki)

Spill/Release Point ID:

483852

SPILL/RELEASE REPORT (INITIAL /w 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>1700 LINCOLN ST STE 4550</u>		Phone: <u>(303) 825-4822</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>		Mobile: <u>()</u>
Contact Person: <u>Craig Meis</u>		Email: <u>cmeis@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# 403290554

Initial Report Date: 01/13/2023 Date of Discovery: 01/13/2023 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR NENE SEC 6 TWP 1N RNG 68W MERIDIAN 6

Latitude: 40.080040 Longitude: -105.037670

Municipality (if within municipal boundaries): Town of Erie 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: TANK BATTERY Facility/Location ID No 482821

Spill/Release Point Name: Koch Tank Battery Separator 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): >0 and <1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated 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: OTHER Other(Specify): Grazing and wetlands

Weather Condition: Clear, 45 deg F

Surface Owner: FEE Other(Specify): ME Erie LLC

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

Evidence of a historical crude oil release discovered at the separator based on soil analytical data received following P&A activities. Equipment has been permanently removed.

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

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/13/2023	CPW	Brandon Marette	-	Email
1/13/2023	COGCC	Nikki Graber	-	Email
1/13/2023	ME Erie LLC	Chris Elliott	-	emailed
1/13/2023	Town of Erie	David Frank	-	Email
1/13/2023	Weld County OEM	Jason Maxey	-	Weld County OEM Form

REPORT CRITERIA

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

Yes 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: Threatened to Impact Public Water System: n/a
 Residence or Occupied Structure: n/a Livestock: n/a
 Wildlife: n/a Publicly-Maintained Road: n/a

No 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 daylight 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.

Areas offsite of Oil & Gas Location 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.

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/13/2023

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: _____

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) Soil Groundwater Surface Water Dry Drainage Feature

Surface Area Impacted: _____ Length of Impact (feet): 20 Width of Impact (feet): 10

Depth of Impact (feet BGS): 5 Depth of Impact (inches BGS): _____

How was extent determined?

Extent based on dimension of separator footprint

Soil/Geology Description:

Sandy/silty clay (CL)

Depth to Groundwater (feet BGS) 10 Number Water Wells within 1/2 mile radius: 34

If less than 1 mile, distance in feet to nearest

Water Well	<u>700</u>	None <input type="checkbox"/>	Surface Water	<u>140</u>	None <input type="checkbox"/>
Wetlands	<u>140</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>200</u>	None <input type="checkbox"/>	Occupied Building	<u>1030</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

No high priority habitats within 0.5 miles. No mapped water well at closest structure 1,030 feet northeast but it is assumed to have a well. Multiple mapped wetlands. No observed impacts to surface water or wetlands. Livestock in area but fencing has been erected.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/13/2023

Root Cause of Spill/Release Unknown (Historical)

Other (specify) _____

Type of Equipment at Point of Spill/Release: Horizontal Separator

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

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

Evidence of historic impacts observed during facility abandonment.

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

Facility equipment has been permanently removed.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment

Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: 25978

SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

Evidence of historic impacts was detected in soil analytical data for soil samples collected during facility abandonment. Final extent of source excavation to be determined by field screening and analytical data. Groundwater will be sampled if encountered according to the plan in document #403166227. All analytical data and waste disposal manifests will be presented in a supplemental form 27 for Remediation Project #25978.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Kevin Tautkus

Title: Project Manager Date: 02/10/2023 Email: primarycontractor@marcomllc.net

COA Type**Description**

	Quarterly reporting is required under Remediation Project #25978.
1 COA	

Attachment List**Att Doc Num****Name**

403290554	SPILL/RELEASE REPORT(I/S)
403290607	CORRESPONDENCE
403290608	CORRESPONDENCE
403290610	CORRESPONDENCE
403290613	SOIL SAMPLE LOCATION MAP
403290615	TOPOGRAPHIC MAP
403290624	PHOTO DOCUMENTATION
403317985	FORM 19 SUBMITTED

Total Attach: 8 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)