

State of Colorado
Energy & Carbon Management Commission

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Document Number:

404210480

Date Received:

05/20/2025

Spill report taken by:

Rollins, Grace

Spill/Release Point ID:

490259

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 ECMC 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>(303) 909-0875</u>
Contact Person: <u>DAN MOTISI DAN MOTISI</u>		Email: <u>dmotisi@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# 404210480

Initial Report Date: 05/20/2025 Date of Discovery: 05/19/2025 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SWNW SEC 27 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.111660 Longitude: -104.996620

Municipality (if within municipal boundaries): Frederick County: WELD

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

Check this box if this spill/release is related to a loss of integrity of a flowline, pipeline, crude oil transfer line, or produced water transfer line.

Reference Location:

Facility Type: WELL Facility/Location ID No 336467
 Spill/Release Point Name: Jillson 1 Wellhead 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): <u>Unknown</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

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

Land Use:

Current Land Use: OTHER

Other(Specify): Under Development

Weather Condition: Sunny

Surface Owner: FEE

Other(Specify): Saint Vrain Valley School District

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: 05/20/2025

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<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): 9 Width of Impact (feet): 8

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): _____

How was extent determined?

Extent of impacts confirmed through laboratory results.

Soil/Geology Description:

Clayey sands

Depth to Groundwater (feet BGS) 8 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well	<u>213</u>	None <input type="checkbox"/>	Surface Water	<u>764</u>	None <input type="checkbox"/>
Wetlands	<u>764</u>	None <input type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>2172</u>	None <input checked="" type="checkbox"/>	Occupied Building	<u>912</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

Receptors:

Water well: located approximately 213' north of wellhead
Surface water: Boulder and weld county ditch located approximately 764' north of wellhead
Wetlands: freshwater emergent wetland located approximately 764' north of wellhead
Livestock: located approximately 2,172' northwest of wellhead
Occupied building: residence located approximately 912' southwest of the wellhead
HPH: no high priority habitats in the vicinity

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/20/2025

Root Cause of Spill/Release Unknown (Historical)

Other (specify) _____

Type of Equipment at Point of Spill/Release: Other

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

Wellhead

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

The cause of the release is unknown. Historical contamination of soil was observed at depths of 6-feet within the excavation at two locations during P&A operations of the wellhead.

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

Well has been cut and capped.

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, 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:

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

Signed: _____ Print Name: Dan Motisi

Title: Environmental Geologist Date: 05/20/2025 Email: dmotisi@kpk.com

COA Type**Description**

	<p>ECMC denies Operator's request to close this Form 19. One or more of the attached laboratory analytical reports is not secured. Operator shall submit a replacement Form 19 and ensure all laboratory reports are secured and contain metadata appropriate to document any differences in created and modified dates, and/or the laboratory analytical report shall be signed with a validated signature certificate.</p> <p>The replacement Form 19 is due within 48 hours.</p>
	No photo documentation was attached. Operator will attach photo documentation required by Rule 912.b.(4)B. on the replacement Form 19 Report.
	The nearest wetlands (Freshwater Emergent) is 595 ft north of the location, as mapped on the National Wetland Inventory Maps. Operator shall update the sensitive receptor distances to include this information on the replacement Form 19.
3 COAs	

ATTACHMENT LIST**Att Doc Num****Name**

404210480	SPILL/RELEASE REPORT(I/S)
404210889	MAP
404210891	ANALYTICAL RESULTS
404211012	ANALYTICAL DATA SUMMARY TABLE(S)
404212717	FORM 19 SUBMITTED

Total Attach: 5 Files

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

		Stamp Upon Approval
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Total: 0 comment(s)