

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:

400870233

Date Received:

07/17/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441883

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>DCP MIDSTREAM LP</u>	Operator No: <u>4680</u>	Phone Numbers
Address: <u>370 17TH STREET - SUITE 2500</u>		Phone: <u>(303) 595-3331</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Chandler Cole</u>		Mobile: <u>()</u>
		Email: <u>CECole@dcpmidstream.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400844155

Initial Report Date: 05/26/2015 Date of Discovery: 05/26/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 7 TWP 2N RNG 66W MERIDIAN 6Latitude: 40.145030 Longitude: -104.829973Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: PIPELINE☐ Facility/Location ID No _____☒ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

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

Were Five (5) barrels or more spilled? No

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): >=1 and <5Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: Sunny, Temperatures in the 60'sSurface Owner: OTHER (SPECIFY)Other(Specify): Private

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☒ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

A DCP owned drip valve broke off and released condensate to the adjacent soil. The leaking valve has since been fixed and the release stopped. Excavation and remediation activities are set to begin immediately. DCP believes that groundwater may be impacted and will submit a Form-27 as necessary. More information will be provided in the 10-day follow up.

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
5/26/2015	Weld County LEPC	Gracie Marquez	-	

#1	Supplemental Report Date: <u>06/08/2015</u>	
FLUIDS	BBL's SPILLED	BBL's RECOVERED Unknown
OIL	<u>0</u>	<u>0</u> <input type="checkbox"/>
CONDENSATE	<u>3</u>	<u>2</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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>		
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>		
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)	<input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature
Surface Area Impacted: _____	Length of Impact (feet): <u>40</u>	Width of Impact (feet): <u>35</u>
	Depth of Impact (feet BGS): <u>2</u>	Depth of Impact (inches BGS): _____
How was extent determined? _____		
Reference Supplemental Form 19 (Document #400849498). See Attached Form 27		
Soil/Geology Description:		
Loamy Soil		
Depth to Groundwater (feet BGS) <u>2</u>	Number Water Wells within 1/2 mile radius: <u>25</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>900</u> None <input type="checkbox"/>	Surface Water <u>310</u> None <input type="checkbox"/>
	Wetlands <u>310</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
	Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1230</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:		

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)

☒ Work proceeding under an approved Form 27

Form 27 Remediation Project No: 9196

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: Chandler Cole

Title: Sr Env Specialist Date: 07/17/2015 Email: CECole@dcpmidstream.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400870233	FORM 19 SUBMITTED
400870237	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)