

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:

400639548

Date Received:

07/03/2014

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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>(970) 3786390</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(970) 5182655</u>
Contact Person: <u>Ryan Nicholson</u>		Email: <u>rnicholson@dcpmidstream.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400639548

Initial Report Date: 07/03/2014 Date of Discovery: 06/24/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 17 TWP 5N RNG 67W MERIDIAN 6

Latitude: 40.392992 Longitude: -104.926300

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

Reference Location:

Facility Type: GAS GATHERING SYSTEM 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): 0 Estimated Condensate Spill Volume(bbl): >=1 and <5

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: _____

Land Use:

Current Land Use: OTHER Other(Specify): Roadside ditch

Weather Condition: Sunny temps in the mid 80s

Surface Owner: OTHER (SPECIFY) Other(Specify): County

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

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

On 6/24/14 DCP personnel was notified of a potential line leak located near CR 15 and CR 56. Excavation activities confirmed that there was a minor leak associated with a DCP owned and operated pipeline. Remedation activities were completed and soil samples were submitted to determine if all impacted material was removed. DCP is currently awaiting analytical results. Upon receiving the results DCP will evaluate the data and respond appropriately.

List Agencies and Other Parties Notified:

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

Signed: _____ Print Name: Ryan Nicholson
Title: Compliance Supervisor Date: 07/03/2014 Email: rnicholson@dcpmidstream.com

Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)