

**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:

400687366

Date Received:

09/15/2014

Spill report taken by:

Spill/Release Point ID:

439643

# 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>		<b>Phone Numbers</b>  Phone: <u>(970) 5906444</u>  Mobile: <u>( )</u>  Email: <u>swood@dcpmidstream.com</u>
Address: <u>370 17TH STREET - SUITE 2500</u>					
City: <u>DENVER</u>		State: <u>CO</u>		Zip: <u>80202</u>	
Contact Person: <u>Sam Wood</u>					

# INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400680378

Initial Report Date:	09/05/2014	Date of Discovery:	09/05/2014	Spill Type:	Recent Spill
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**Spill/Release Point Location:**

Location of Spill/Release: QTR QTR SWSW SEC 31 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.094000 Longitude: -104.934000

Municipality (if within municipal boundaries): Frederick 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? Yes

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

Estimated Oil Spill Volume(bbl):	0	Estimated Condensate Spill Volume(bbl):	>=5 and <100
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: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Overcast and 57 degrees

Surface Owner: OTHER (SPECIFY) Other(Specify): City of Frederick

**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):

A leak was identified on the bottom of a 10" pipeline. The pipeline was blocked off and excavated immediately after the leak had been reported. After the line was unearthed, the damaged section was found and liquids vacuumed out. After identifying the exact location of the leak on the pipeline, it was determined to weld in a new section of pipeline and start soil remediation immediately after the pipe is fixed and secured. More information will be available in the 10 day follow up report.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/5/2014	Weld County LEPC	Gracie Marquez	970-3046540	
9/5/2014	COGCC	Rick Allison	970-6230850	

**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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Sam Wood

Title: Compliance Coordinator Date: 09/15/2014 Email: swood@dcpmidstream.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400687366	FORM 19 SUBMITTED
400687370	FORM 19 SUBMITTED
400687371	ANALYTICAL RESULTS

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)