

**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:

400853398

Date Received:

06/16/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

441763

## 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>
Address: <u>370 17TH STREET - SUITE 2500</u>		Phone: <u>(970) 590-6444</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Sam Wood</u>		Email: <u>swood@dcpmidstream.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400837778

Initial Report Date: 05/11/2015      Date of Discovery: 05/08/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 25 TWP 3N RNG 64W MERIDIAN 6Latitude: 40.193950 Longitude: -104.491720Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: FLOWLINE☐ 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: Overcast with temps in low 50'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*

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

An unexpected shutdown of a compressor station during a pipeline cleaning event caused a DCP owned valve to spray condensate in the air which then affected an estimated three to five acres of grass. This grass area that has been affected has since been mowed and will be raked and the soil then sprayed with Terradis SW Bioserfactant to eliminate any hydrocarbons that may have impacted the soil. After 5 to 7 days, confirmation soil samples will be collected and sent to the lab to prove delineation. More information will be provided in the 10-day follow up report.

List Agencies and Other Parties Notified:

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	06/15/2015	
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	1	1	<input type="checkbox"/>
PRODUCED WATER	0	0	<input 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>850</u>		Width of Impact (feet): <u>200</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
A hand held photo-ionization detector (PID) was used onsite to determine delineation after remediation activities were complete. Once site was determined to be delineated by the PID, representative soil samples were taken and sent into the lab to determine if contaminated area is below COGCC standards.			
Soil/Geology Description:			
sandy, loamy soil			
Depth to Groundwater (feet BGS) <u>0</u>		Number Water Wells within 1/2 mile radius: <u>20</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>500</u> None <input type="checkbox"/>	Surface Water _____ None <input checked="" type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock <u>2500</u> None <input type="checkbox"/>	Occupied Building <u>500</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			
The release was in the form of a condensate spray that affected the vegetation and soil surface. The affected vegetation was cut down and disposed of at the Buffalo Ridge Landfill. The soil surface was then sprayed by a Terradis Bioserfactant to clean the remaining impacts. The results from the lab for the confirmation soil samples show that the area has been delineated of any hydrocarbon impacts.			

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/15/2015

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

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

An unexpected shutdown of a compressor station during a pipeline cleaning event caused a DCP owned valve to break and spray condensate in the air.

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

DCP has repaired this valve and is taking measures to prevent the over pressuring of this line during any shutdown event.

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)

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No: \_\_\_\_\_

### 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: Sam Wood

Title: Compliance Coordinator Date: 06/16/2015 Email: swood@dcpmidstream.com

### COA Type

### Description

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### Attachment Check List

Att Doc Num	Name
400853398	FORM 19 SUBMITTED
400853468	ANALYTICAL RESULTS

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)