

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:

401453788

Date Received:

03/29/2019

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

442507

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: DCP OPERATING COMPANY LP	Operator No: 4680	Phone Numbers Phone: (970) 3786389 Mobile: (970) 3738905 Email: bshayes@dcpmidstream.com
Address: 370 17TH STREET - SUITE 2500		
City: DENVER	State: CO Zip: 80202	
Contact Person: Branden Hayes		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400867268

Initial Report Date: 07/13/2015 Date of Discovery: 07/13/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 29 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.113042 Longitude: -105.019497

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: PIPELINE ☐ Facility/Location ID No ☐
Spill/Release Point Name: ☒ No Existing Facility or Location ID No.
Number: ☐ 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: NON-CROP LAND Other(Specify):

Weather Condition: Sunny/Overcast

Surface 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 unmarked DCP Midstream line was struck by a KP-Kauffman excavator while doing work on one of their tank batteries near the intersection of CR 16.5 & CR 5. Condensate sprayed after the strike until the line was shut in as soon as possible. Remediation activities are set to begin immediately. More information will be supplied on the 10-day follow up report.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/14/2015	Weld County LEPC	Gracie Marquez	-	

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	11/08/2017	
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" 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, 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 type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): <u>5</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Excavation activities were performed July 15 and 16, 2015, and again on November 2, 2015 to remove impacted materials at the site. Excavated soils were field screened using a photoionization detector (PID) and standard headspace sampling. Initial removal of visually identified stained surface soils was performed to approximately 1-foot below ground surface (bgs), as well as impacted soils in the area of release point at approximately 5-feet bgs. Soil samples were collected from the extents of the excavation and submitted to Summit Scientific Laboratories in Golden, Colorado for analysis of BTEX and TPH-GRO using USEPA method 8260B and TPH-DRO using USEPA method 8015. During excavation activities, additional soil impacts were identified in proximity to the release point that were determined to be unrelated to DCP and this reported release, and as a result the excavation was temporarily put on hold pending further investigation. On July 29, 2017, the point of release was again exposed and approximately 10 yds of soil was removed. Additionally, the tank battery located in close proximity to the release was reconstructed by others, at which time previously identified soil impacts were presumed to have been mitigated. Additional information is provided in the attached NFA Request Letter.			
Soil/Geology Description:			
Aquolls and Aquepts, flooded			
Depth to Groundwater (feet BGS) <u>0</u>		Number Water Wells within 1/2 mile radius: <u>4</u>	

If less than 1 mile, distance in feet to nearest	Water Well	2104	None	<input type="checkbox"/>	Surface Water	1066	None	<input type="checkbox"/>
	Wetlands	920	None	<input type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
	Livestock	580	None	<input type="checkbox"/>	Occupied Building	652	None	<input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 02/26/2018

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

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

On July 13, 2015, a buried unmarked valve located approximately 1-foot below ground surface (bgs) that terminated at the end of a buried DCP utility was struck by a third party operator while performing work activities at the Site. A condensate release occurred resulting in petroleum hydrocarbon impacts to surrounding surface soils.

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

DCP's valve and other associated equipment were removed from the release area. In addition, the gathering line located at approximately 5-feet bgs was inspected for any damage; which none was discovered during the inspection. DCP does not believe that the pipeline still in place will result in a similar release event from reoccurring.

Volume of Soil Excavated (cubic yards): 10

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: Brian Humphrey for DCP
Title: Project Manager Date: 03/29/2019 Email: bhumphrey@tasman-geo.com

COA Type

Description

Attachment Check List

Att Doc Num

Name

401453788	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401455652	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)