

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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Document Number:

402242020

Date Received:

11/18/2019

Spill report taken by:

GINTAUTAS, PETER

Spill/Release Point ID:

469293

## SPILL/RELEASE REPORT (INITIAL)

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402242020

Initial Report Date: 11/18/2019 Date of Discovery: 11/17/2019 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 35 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.267356 Longitude: -104.735617

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: GAS PROCESSING PLANT

☐ 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? 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): >=5 and <100

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): Gas Processing Facility

Weather Condition: Clear, 65 degrees, no precipitation

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):

On November 17th, Operations noticed a drain valve on a condensate stabilizer re-boiler was leaking by to the produced water sump. The sump overfilled with a mixture of condensate and produced water. The release was discovered early on November 17, 2019, at which time Operations actuated the valve stopping the release. A vac truck was quickly deployed and removed the liquids within the sump. On November 18th an additional vac truck was deployed to remove any remaining standing liquids. Site investigation and remediation activities will commence later this week.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/17/2019	Landowner	Jeff Little	719-7678601	Keep informed as needed
11/18/2019	Weld OEM	Roy Rudisill	970-3046540	Submitted Weld OEM Spill Report Form

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: \_\_\_\_\_

**OPERATOR COMMENTS:**

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

Signed: \_\_\_\_\_ Print Name: Branden Hayes

Title: Env. Specialist Date: 11/18/2019 Email: bshayes@dcpmidstream.com

**COA Type**

**Description**

	Provide documentation justifying closure request within 45 days of release via supplemental form 19. If investigation and remediation require further actions beyond 45 days then submit form 27 for approval within 45 days of spill (2January2020).
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**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402242020	SPILL/RELEASE REPORT(INITIAL)
402242210	SITE MAP
402242213	TOPOGRAPHIC MAP
402242219	OTHER
402242445	FORM 19 SUBMITTED

Total Attach: 5 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	changed to not at a facility to preserve coordinates of spill at gas proceesing facility 412248	11/18/2019

Total: 1 comment(s)