

**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:

400829125

Date Received:

04/22/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441639

## 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>	<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>		Mobile: <u>( )</u>
		Email: <u>swood@dcpmidstream.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400829125

Initial Report Date: 04/22/2015      Date of Discovery: 04/21/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 29 TWP 4N RNG 68W MERIDIAN 6Latitude: 40.284042 Longitude: -105.022760Municipality (if within municipal boundaries): \_\_\_\_\_ 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? 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: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Sunny, Temperatures in high 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):

On 4/21/2015, Noble Energy contacted DCP Midstream about a line releasing just off of CR 40 1/2, near its intersection with CR 5. The line was immediately shut off and blown down. Locates were called in and a request to close a lane on CR 40 1/2 were submitted in order to perform our excavation and repair as soon as possible. A 3rd party soil remediation company will be onsite with a hand held photo-ionization detector (PID) to help determine the extent of the hydrocarbon impacted soils. More information will be provided 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>
4/22/2015	Weld County LEPC	Gracie Marquez	970-304-6540	

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: 04/22/2015 Email: swood@dcpmidstream.com

**COA Type**

**Description**

--	--

**Attachment Check List**

**Att Doc Num**

**Name**

400829125	FORM 19 SUBMITTED
-----------	-------------------

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)