

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400835476

Date Received:

05/06/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441639

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: DCP MIDSTREAM LP | Operator No: 4680 | Phone Numbers |
| Address: 370 17TH STREET - SUITE 2500 | | Phone: (970) 590-6444 |
| City: DENVER | State: CO | Zip: 80202 |
| Contact Person: Sam Wood | | Mobile: () |
| | | Email: swood@dcpmidstream.com |

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 6

Latitude: 40.284042 Longitude: -105.022760

Municipality (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): 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, Temperatures in high 50's

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 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

| Date | Agency/Party | Contact | Phone | Response |
|-----------|------------------|----------------|--------------|----------|
| 4/22/2015 | Weld County LEPC | Gracie Marquez | 970-304-6540 | |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|---|--------------------------------------|--|---|
| #1 | Supplemental Report Date: 05/05/2015 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 0 | 0 | <input type="checkbox"/> |
| CONDENSATE | 2 | 2 | <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, 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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature | | | |
| Surface Area Impacted: Length of Impact (feet): <u>35</u> | | Width of Impact (feet): <u>25</u> | |
| Depth of Impact (feet BGS): <u>10</u> | | Depth of Impact (inches BGS): <u>10</u> | |
| How was extent determined? | | | |
| A third party company used a Photo-Ionization Detector (PID) to help guide excavation and soil sampling activities. Once PID readings were showing low enough, six sidewall soil samples were collected from the excavation as illustrated on the attached figure and submitted for quick turn analysis for BTEX, GRO, & DRO. Analytical results indicate that all soil samples were below COGCC standards. Based on visual evidence, it appears groundwater may be impacted. Water samples were sent to the lab and we are awaiting the results. | | | |
| Soil/Geology Description: | | | |
| Sandy, Loamy soil with road base and clay | | | |
| Depth to Groundwater (feet BGS) <u>10</u> | | Number Water Wells within 1/2 mile radius: <u>4</u> | |
| If less than 1 mile, distance in feet to nearest | | Water Well <u>750</u> None <input type="checkbox"/> | Surface Water <u>715</u> None <input type="checkbox"/> |
| | | Wetlands <u>170</u> None <input type="checkbox"/> | Springs _____ None <input checked="" type="checkbox"/> |
| | | Livestock _____ None <input checked="" type="checkbox"/> | Occupied Building <u>52</u> None <input type="checkbox"/> |
| Additional Spill Details Not Provided Above: | | | |
| As soon as groundwater sample results are received, a Form 27 will be drafted or other appropriate actions will be taken. More information will follow. | | | |

CORRECTIVE ACTIONS

| | | | | |
|---|---------------------------|--|---|---|
| #1 | Supplemental Report Date: | 05/05/2015 | | |
| Cause of Spill (Check all that apply) | | <input type="checkbox"/> Human Error | <input checked="" type="checkbox"/> Equipment Failure | <input type="checkbox"/> Historical-Unknown |
| | | <input type="checkbox"/> Other (specify) _____ | | |
| Describe Incident & Root Cause (include specific equipment and point of failure) | | | | |
| <div>Pipeline corrosion. A hole was formed in the bottom of the pipeline directly under CR 40.5.</div> | | | | |
| Describe measures taken to prevent the problem(s) from reoccurring: | | | | |
| <div>The pipeline was replaced and wrapped to prevent further release due to corrosion in the area.</div> | | | | |
| Volume of Soil Excavated (cubic yards): | | 250 | | |
| Disposition of Excavated Soil (attach documentation) | | <input checked="" type="checkbox"/> Offsite Disposal | <input type="checkbox"/> Onsite Treatment | |
| | | <input type="checkbox"/> Other (specify) _____ | | |
| Volume of Impacted Ground Water Removed (bbls): | | 7 | | |
| 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: _____

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: 05/06/2015 Email: swood@dcpmidstream.com

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|--------------------|
| 400835747 | SITE MAP |
| 400835750 | ANALYTICAL RESULTS |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)