

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400849498

Date Received:

06/08/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441883

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 Address: 370 17TH STREET - SUITE 2500 City: DENVER State: CO Zip: 80202 Contact Person: Sam Wood Phone Numbers: Phone: (970) 5906444 Mobile: Email: swood@dcpmidstream.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400844155

Initial Report Date: 05/26/2015 Date of Discovery: 05/26/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 7 TWP 2N RNG 66W MERIDIAN 6

Latitude: 40.145030 Longitude: -104.829973

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: CROP LAND Other(Specify): Weather Condition: Sunny, Temperatures in the 60'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 [X] 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):

A DCP owned drip valve broke off and released condensate to the adjacent soil. The leaking valve has since been fixed and the release stopped. Excavation and remediation activities are set to begin immediately. DCP believes that groundwater may be impacted and will submit a Form-27 as necessary. More information will be provided in the 10-day follow up.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/26/2015	Weld County LEPC	Gracie Marquez	-	

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	06/05/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	3	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 &amp; floor regardless of construction material, 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 checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted: Length of Impact (feet): <u>40</u>		Width of Impact (feet): <u>35</u>		
Depth of Impact (feet BGS): <u>2</u>		Depth of Impact (inches BGS): <u>24</u>		
How was extent determined?				
Excavation activities were guided by a photo-ionization detector (PID) and confirmation soil samples (attached) were sent to the lab to confirm soil delineation. Groundwater was encountered at about two feet and made it unable to determine the depth of the contamination. Horizontal water treatment wells have been put in place to treat groundwater as soon as backfill activities are completed. DCP also excavated the soil to a depth of 4 feet to aid in future groundwater treatment activities and to remove as much source material as possible.				
Soil/Geology Description:				
Loamy soil.				
Depth to Groundwater (feet BGS) <u>2</u>		Number Water Wells within 1/2 mile radius: <u>25</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>900</u> None <input type="checkbox"/>	Surface Water <u>310</u> None <input type="checkbox"/>	
		Wetlands <u>310</u> None <input type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building <u>1230</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:				

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/05/2015

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)

A DCP drip valve broke off releasing approximately 3 bbls of condensate.

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

Drip valve and pipe was fixed and replaced.

Volume of Soil Excavated (cubic yards): 120

Disposition of Excavated Soil (attach documentation)     Offsite Disposal     Onsite Treatment  
 Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): 220

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: 06/08/2015 Email: swood@dcpmidstream.com

### Attachment Check List

Att Doc Num	Name
400849507	ANALYTICAL RESULTS
400849508	SITE MAP

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)