

**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:

400867268

Date Received:

07/14/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

442507

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

### 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 6Latitude: 40.113042 Longitude: -105.019497Municipality (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/OvercastSurface 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

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

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: Sam Wood

Title: Compliance Coordinator Date: 07/14/2015 Email: swood@dcpmidstream.com

### COA Type

### Description

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### Attachment Check List

### Att Doc Num

### Name

400867268	FORM 19 SUBMITTED
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Total Attach: 1 Files

### General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)