

**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:

400872884

Date Received:

07/23/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

442507

## 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: <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# 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*

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.
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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	-	

#1	Supplemental Report Date: 07/23/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	2	1	<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"/>

Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Depth of Impact (feet BGS): 5                      Depth of Impact (inches BGS):

Tasman was dispatched to the Nelson Milton tank battery to install oil absorbent boom downgradient of a surface release that occurred from a line strike of a buried DCP valve by KPK. Excavation activities were initiated on Wednesday July 15th, and 8 truckloads of impacted material were removed from the site which included approximately 1-foot of material from the stained surface area as well as impacted soils that were observed near the broken valve and a buried KPK flowline. A Photo-ionization detector was used onsite to help guide delineation activities. Five soil samples were collected (SS01 – SS05) as illustrated in the attached field sketch and all samples were below COGCC standards.

Aquolls and Aquepts, flooded

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 07/23/2015
Cause of Spill (Check all that apply) <input checked="" type="checkbox"/> Human Error <input 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) A DCP Midstream line was not located and was stuck by a KPK excavator doing work on the Milton Nelson tank battery.	
Describe measures taken to prevent the problem(s) from reoccurring: The area has been re-mapped to ensure all pipes are more accurately located in the future.	
Volume of Soil Excavated (cubic yards): 80	
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): 0	
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: \_\_\_\_\_

## OPERATOR COMMENTS:

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: 07/23/2015 Email: swood@dcpmidstream.com

## COA Type

## Description

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## Attachment Check List

Att Doc Num	Name
400872884	FORM 19 SUBMITTED
400873164	SITE MAP
400873166	ANALYTICAL RESULTS
400873167	ANALYTICAL RESULTS

Total Attach: 4 Files

## General Comments

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

Total: 0 comment(s)