

**FORM  
INSP**

Rev  
X/15

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

02/07/2018

Submitted Date:

02/09/2018

Document Number:

678301520

**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: GINTAUTAS, PETER On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**Operator Information:**

OGCC Operator Number: 4680  
 Name of Operator: DCP MIDSTREAM LP  
 Address: 370 17TH STREET - SUITE 2500  
 City: DENVER State: CO Zip: 80202

**Findings:**

- 1 Number of Comments
- 1 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Hayes, Branden	970-373-8905	bshayes@dcpmidstream.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
453781	SPILL OR RELEASE	AC	01/19/2018		-	Troyer 4" Pipeline Release	EI

**General Comment:**

**Inspected Facilities**

Facility ID: 453781 Type: SPILL OR API Number: - Status: AC Insp. Status: EI

**Environmental**

**Spills/Releases:**

Type of Spill: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: spill 453781 reported 01/19/2018 by operator. No supplemental form 19 providing all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator has been submitted. By rule 906.b such information is to be reported within 10 calendar days of discovery of spill and such information has not been provided at this time which is 21 calendar days after spill was discovered

Corrective Action: **Submit supplemental form 19 with appropriate information as described in comment above.** Date: 02/16/2018

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

**Water Well Complaint:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_ Comment: \_\_\_\_\_