

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:

401972099

Date Received:

03/14/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: DCP OPERATING COMPANY LP	Operator No: 4680	Phone Numbers Phone: (970) 3786373 Mobile: (970) 9390329 Email: cecole@dcpmidstream.com
Address: 370 17TH STREET - SUITE 2500		
City: DENVER	State: CO Zip: 80202	
Contact Person: Chandler Cole		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401972099

Initial Report Date: 03/14/2019 Date of Discovery: 03/13/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 34 TWP 2N RNG 67W MERIDIAN 6

Latitude: 40.087829 Longitude: -104.883628

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: GAS PROCESSING PLANT ☒ Facility/Location ID No 412250

Spill/Release Point Name: ☐ No Existing Facility or Location ID No.

Number: ☐ 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? No

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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): >=5 and <100

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: OTHER Other(Specify): Gas processing plant

Weather Condition: Severe weather conditions, snowing

Surface Owner: OTHER (SPECIFY) Other(Specify): DCP Midstream

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 March 13, 2019, a spill occurred from a fire tube leak that was discovered from the heater treater on the stabilized condensate tanks. Operations noticed smoke coming out of the stack that was white. Operations went to investigate and found a steady stream of condensate leaking out of the spark arrestor door which would indict a fire tube leak. Approximately 20 barrels of a mixture of condensate and snow was contained within the secondary containment. Operations shutdown and bypassed the treater and is scoping the repairs. Operations will remove the condensate and snow mixture as soon as possible via hydrovac once the snow has melted and can be recovered. No condensate was released outside of secondary containment.

List Agencies and Other Parties Notified:

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

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: Chandler Cole

Title: Compliance Coordinator Date: 03/14/2019 Email: cecole@dcpmidstream.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)