

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:

402242020

Date Received:

11/18/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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
Address: 370 17TH STREET - SUITE 2500		Phone: (970) 3786389
City: DENVER State: CO Zip: 80202		Mobile: (970) 3738905
Contact Person: Branden Hayes		Email: bshayes@dcpmidstream.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402242020

Initial Report Date: 11/18/2019 Date of Discovery: 11/17/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 35 TWP 4N RNG 66W MERIDIAN 6

Latitude: 40.267356 Longitude: -104.735617

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: GAS PROCESSING PLANT ☒ Facility/Location ID No 412248

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? 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? 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): >=5 and <100

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 Facility

Weather Condition: Clear, 65 degrees, no precipitation

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 ☒ 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 November 17th, Operations noticed a drain valve on a condensate stabilizer re-boiler was leaking by to the produced water sump. The sump overfilled with a mixture of condensate and produced water. The release was discovered early on November 17, 2019, at which time Operations actuated the valve stopping the release. A vac truck was quickly deployed and removed the liquids within the sump. On November 18th an additional vac truck was deployed to remove any remaining standing liquids. Site investigation and remediation activities will commence later this week.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
11/17/2019	Landowner	Jeff Little	719-7678601	Keep informed as needed
11/18/2019	Weld OEM	Roy Rudisill	970-3046540	Submitted Weld OEM Spill Report Form

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: _____

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: Branden Hayes

Title: Env. Specialist Date: 11/18/2019 Email: bshayes@dcpmidstream.com

COA Type **Description**

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402242210	SITE MAP
402242213	TOPOGRAPHIC MAP
402242219	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)