NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty as provided in 49 USC 60122.		OMB NO: 2137-0047 EXPIRATION DATE: 3/31/2024
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	**Original Report Date:**	03/21/2020
	No.	20200087 -34574 ---------- (DOT Use Only)

ACCIDENT REPORT - HAZARDOUS LIQUID AND CARBON DIOXIDE PIPELINE SYSTEMS

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to the collection of information are mandatory. Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at* http://www.phmsa.dot.gov/pipeline/library/forms .`

PART A - KEY REPORT INFORMATION

Report Type: *(select all that apply)*	**Original:**	**Supplemental:**	**Final:**
		Yes	Yes

Last Revision Date:	11/25/2020
1. Operator's OPS-issued Operator Identification Number (OPID):	32545
2. Name of Operator	DENBURY GULF COAST PIPELINES, LLC
3. Address of Operator:	
3a. Street Address	5851 LEGACY CIRCLE SUITE 1200
3b. City	PLANO
3c. State	Texas
3d. Zip Code	75024
4. Earliest local time *(24-hr clock)* and date an accident reporting criteria was met:	02/22/2020 19:07
4a. Time Zone for local time	
4b. Daylight Saving in effect?	
5. Location of Accident:	
Latitude / Longitude	32.65785, -90.53695
6. Commodity released: *(select only one, based on predominant volume released)*	CO2 (Carbon Dioxide)
- Specify Commodity Subtype:	
- If "Other" Subtype, Describe:	

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- If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend:	
- If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend e.g. B2, B20, B100	
7. Estimated volume of commodity released unintentionally (Barrels):	9,532.00
8. Estimated volume of intentional and/or controlled release/blowdown (Barrels):	21,873.00
9. Estimated volume of commodity recovered (Barrels):	0
10. Were there fatalities?	No
- If Yes, specify the number in each category:	
10a. Operator employees	
10b. Contractor employees working for the Operator	
10c. Non-Operator emergency responders	
10d. Workers working on the right-of-way, but NOT associated with this Operator	
10e. General public	
10f. Total fatalities (sum of above)	0
11. Were there injuries requiring inpatient hospitalization?	No
- If Yes, specify the number in each category:	
11a. Operator employees	
11b. Contractor employees working for the Operator	
11c. Non-Operator emergency responders	
11d. Workers working on the right-of-way, but NOT associated with this Operator	
11e. General public	
11f. Total injuries (sum of above)	0
12. What was the Operator's initial indication of the Failure? *(select only one)*	CPM leak detection system or SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations)
Other	
12a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 12, specify the following: (select only one)	
13. Local time Operator identified failure	02/22/2020 20:20
14. formerly C2 Part of system involved in Accident: *(select only one)*	Onshore Pipeline, Including Valve Sites
15. formerly B1 *Auto-populated based on A14* Was the origin of the Accident onshore?	Yes
Yes (Complete Questions B3-B12)	
No *(Complete Questions B13-B15)*	
16. Operational Status at time Operator identified failure:	
17. If Operational Status = Routine Start-Up or Normal Operation, was the pipeline/facility shut down due to the Accident?	Yes
Explain:	

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If Yes, complete Questions 17.a and 17.b: *(use local time, 24-hr clock)*	
17a. Local time and date of shutdown	02/22/2020 19:15
17b. Local time pipeline/facility restarted	10/26/2020 12:30
Still shut down*	
18. *If A12 = Notification from Emergency Responder, skip A18.a through A18.c.*	
18a. Did the operator communicate with Local, State, or Federal Emergency Responders about the accident?	
If No, skip 18b. and 18c	
18b. Which party initiated communication about the accident?	
18c. Local time of initial Operator and Local/State/Federal Emergency Responder communication	
19. Local time Operator responders arrived on site	02/22/2020 20:20
20. Local time of confirmed discovery	
21a. Local time (24-hr clock) and date of initial operator report to the National Response Center :	02/22/2020 20:51
21b. Initial Operator National Response Center Report Number OR	1271847
21c. Additional NRC Report numbers submitted by the operator:	
22. Did the commodity ignite?	No
If Yes, answer 22.a through d:	
22a. Local time of ignition	
22b. How was the fire extinguished?	
specify:	
22c. Estimated volume of commodity consumed by fire (barrels): (must be less than or equal to A7)	
22d. formerly A16. Did the commodity explode?	No
23. If 14. is “Onshore Pipeline, Including Valve Sites” OR “Offshore Pipeline, Including Riser and Riser Bend”, answer A23a through f:	
23a. Initial action taken to control flow upstream of failure location	
- If Operational Control	
If Valve Closure, answer A23b and c:	
23b. Local time of valve closure	
23c. Type of upstream valve used to initially isolate release source:	
23d. Initial action taken to control flow downstream of failure location	
- If Operational Control	
If Valve Closure, answer A23.e and f:	
23e. Local time of valve closure	
23f. Type of downstream valve used to initially isolate release source	

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24. If A6 = Crude Oil , Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions, or Biofuel / Alternative Fuel (including ethanol blends) AND A15. is Onshore, answer questions A24a and c	
24a. Did the operator notify a "qualified individual" in the Onshore Oil Spill Response Plan?	
If Yes, answer A24b.	
24b. Local time the "qualified individual" was notified.	
24c. Did the operator activate an Oil Spill Removal Organization (OSRO)?	
If Yes, answer A24d and e:	
24d. Local time operator activated OSRO	
24e. Local time OSRO arrived on site	
25. Number of general public evacuated:	200
PART B - ADDITIONAL LOCATION INFORMATION	
1. Pipeline/Facility name:	Delhi
2. Segment name/ID:	Delhi
If Yes, Complete Questions (2-12)	
If No, Complete Questions (13-15)	
- If Onshore:	
3. State:	Mississippi
4. Zip Code:	39194
5. City	Not Within a Municipality
6. County or Parish	Yazoo County
7. Operator-designated location:	Milepost/Valve Station
8. Specify:	6.6
9. Was this onshore Accident on Federal land?	No
10. Location of Accident:	Pipeline Right-of-way
11. Area of Accident (as found):	Underground
Specify:	Under soil
- If Other, Describe:	
11a. Depth-of-Cover (in):	360
12. Did Accident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	
Cased	
Uncased	
Bored/drilled	
- If Road crossing –	

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Cased/ / Bored/drilled	
Uncased	
Bored/drilled	
- If Water crossing –	
Cased/ Uncased	
- Name of body of water, if commonly known:	
- Approx. water depth (ft) at the point of the accident:	
- Select:	
Is this water crossing 100 feet or more in length from high water mark to high water mark?	
- If Offshore:	
13. Approximate water depth (ft) at the point of the Accident:	
14. Origin of Accident:	
- In State waters - Specify:	
- State:	
- Area:	
- Block/Tract #:	
- Nearest County/Parish:	
- On the Outer Continental Shelf (OCS) :	
- Area:	
- Block/Tract #:	
15. Area of Accident:	
PART C - ADDITIONAL FACILITY INFORMATION	
1. Is the pipeline or facility:	Interstate
2. reserved	
3. Item involved in Accident:	Weld, including heat-affected zone
- If Pipe, specify:	
If Pipe Body: Was this a puddle/spot weld?	
3a. Nominal Pipe Size:	24
3b. Wall thickness (in):	.540
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	80,000
3d. Pipe specification:	API 5L
3e. Pipe Seam , specify:	ERW - High Frequency
- If Other, Describe:	
3f. Pipe manufacturer:	Stupp Corporation
3g. Pipeline coating type at point of Accident, specify:	Field Applied Epoxy
- If Other, Describe:	
3h. Coating field applied?	
- If Weld, including heat-affected zone, specify	Pipe Girth Weld
- If Other, Describe:	

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If Pipe Girth Weld is selected, complete items C3a through h above. Are any of the C3b though h values different on either side of the girth weld?	
If Yes, enter the different value(s) below:	
3i. Wall thickness (in):	
3j. SMYS (Specified Minimum Yield Strength) of pipe (psi):	
3k. Pipe specification:	
Unknown	
3l. Pipe Seam	
- If Other, Describe:	
3m. Pipe manufacturer:	
Unknown	
3n. Pipeline coating type at point of Accident	
- If Other, Describe:	
3o. Coating field applied?	
- If Valve, specify:	
- Valve type	
- If Mainline, Valve Mainline type	
- If Other, Describe:	
3p. Mainline valve manufacturer:	
3q. Type of pump	
- If Other, Describe:	
3r. Type of Service	
- If Other, Describe:	
3s. Tubing material	
3t. Type of tubing	
3u. Specify	
- If Other, Describe:	
3v. Tank Type	
If 3v. = Pressurized:	
3v1. Tank Maximum Operating Pressure	
3v2. What is the set point of the primary pressure relief device on the tank	
3v3. Did the thermal or pressure relief valve activate?	
3v4. Was the MOP of the tank exceeded?	
If 3v = Atmospheric or Low Pressure:	
3v5. Safe-Fill-Level (in feet) at the time of the accident?	
3v6. Was the Safe Fill-Level exceeded?	
3v7. Year of most recent API Std 653 Out-of-Service Inspection	

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3v8. API Std 653 In-Service Inspection	
4. Year item involved in Accident was installed:	2009
4a. Year item involved in Accident was manufactured:	2007
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Other
- If Mechanical Puncture – Specify Approx. size:	
in. (axial) by	
in. (circumferential)	
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: in. (widest opening) by	
in. (length circumferentially or axially)	
- If Other – Describe:	Guillotine Type Failure
PART D - ADDITIONAL CONSEQUENCE INFORMATION	
1. Wildlife impact:	No
1a. If Yes, specify all that apply:	
- Fish/aquatic	
- Birds	
- Terrestrial	
2. Soil contamination:	No
3. Long term impact assessment performed or planned:	No
4. Anticipated remediation:	No
4a. If Yes, specify all that apply:	
- Surface water	
- Groundwater	
- Soil	
- Vegetation	
- Wildlife	
5. Water contamination:	No
5a. If Yes, specify all that apply:	
- Ocean/Seawater	
- Surface	
- Groundwater	
- Drinking water: *(Select one or both)*	
- Private Well	
- Public Water Intake	
5b. Estimated amount released in or reaching water (Barrels):	

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5c. Name of body of water, if commonly known:	
6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	No
7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	Yes
7a. If Yes, specify HCA type(s): *(Select all that apply)*	
- Commercially Navigable Waterway:	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- High Population Area:	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Other Populated Area	Yes
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	No
- Unusually Sensitive Area (USA) - Drinking Water	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Unusually Sensitive Area (USA) - Ecological	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
8. Estimated cost to Operator – effective 12-2012, changed to "Estimated Property Damage":	
8a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 12-2012, "paid/reimbursed by the Operator" removed	225,899
8b. Estimated cost of commodity lost	11,130
8c. Estimated cost of Operator's property damage & repairs	3,504,518
8d. Estimated cost of emergency response	205,462
8e. Estimated cost of environmental remediation	0
8f. Estimated other costs	0
Describe:	
8g. Total estimated property damage (sum of above)	3,947,009
Injured Persons not included in A11 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. ***If a person is included in A11, do not include them in D9.***	
9. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization:	

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If a person is included in D9, do not include them in D10.	
10. Estimated number of persons with injuries requiring treatment by EMTs at the site of accident:	
Buildings Affected	
11. Number of residential buildings affected (evacuated or required repair):	
12. Number of business buildings affected (evacuated or required repair):	
PART E - ADDITIONAL OPERATING INFORMATION	
1. Estimated pressure at the point and time of the Accident (psig):	1,402.00
If C3. Is Tank/Vessel and C3v. is Atmospheric, do not answer E2. and E3	
2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig):	2,160.00
2a. Limiting factor establishing MOP (select only one):	
describe:	
2b. Date MOP established	
2c. Was the MOP established in conjunction with a reversal of flow direction?	
If E2c = Yes, E2d. What is the date of the most recent surge analysis performed at the point of the Accident?	
3. Describe the pressure on the system or facility relating to the Accident (psig):	Pressure did not exceed MOP
4. Was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?	No
- If Yes, Complete 4.a and 4.b below:	
4a. Did the pressure exceed this established pressure restriction?	
4b. Was this pressure restriction mandated by PHMSA or the State?	
If A14. is “Onshore Pipeline, Including Valve Sites” OR “Offshore Pipeline, Including Riser and Riser Bend”, complete E5 through E7	
5. Answer E5 only when both A23a and A23d are Valve Closure	
Length of segment initially isolated between valves (ft):	50,406
6. Is the pipeline configured to accommodate internal inspection tools?	Yes
- If No, Which physical features limit tool accommodation? (*select all that apply)*	
- Changes in line pipe diameter	
- Presence of unsuitable mainline valves	
- Tight or mitered pipe bends	
- Other passage restrictions (i.e. unbarred tee’s, projecting instrumentation, etc.)	

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- Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)	
- Other -	
- If Other, Describe:	
7. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	Yes
- If Yes, Which operational factors complicate execution? (*select all that apply*)	
- Excessive debris or scale, wax, or other wall buildup	
- Low operating pressure(s)	
- Low flow or absence of flow	Yes
- Incompatible commodity	
- Other -	
- If Other, Describe:	
8. Function of pipeline system:	> 20% SMYS Regulated Transmission
9. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?	Yes
If Yes -	
9a. Was it operating at the time of the Accident?	Yes
9b. Was it fully functional at the time of the Accident?	Yes
9c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	Yes
9d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	Yes
10. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?	No
- If Yes:	
10a. Was it operating at the time of the Accident?	
10b. Was it fully functional at the time of the Accident?	
10c. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	
10d. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	
11. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident?	Yes, specify investigation result(s): (select all that apply)

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- If No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate)*	
- If Yes, specify investigation result(s): *(select all that apply)*	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	Yes
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
Provide an explanation for why not:	
- Investigation identified no control room issues	Yes
- Investigation identified no controller issues	Yes
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above:	
Describe:	
PART F - DRUG & ALCOHOL TESTING INFORMATION	
1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	
2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
PART G – APPARENT CAUSE	
Select only one box from PART G in shaded column on left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing or root causes of the Accident in the narrative (PART H).	
Apparent Cause:	G2 - Natural Force Damage

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G1 - Corrosion Failure - only one **sub-cause** can be picked from shaded left-hand column	
Corrosion Failure – Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: *(select all that apply)*	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
- If Other, Describe:	
2a. If 2 is Stray Current, specify	
2b. Describe the stray current source:	
3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)*	
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
4. Was the failed item buried or submerged?	
- If Yes :	
4a. Was failed item considered to be under cathodic protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?	
If “Yes, CP Annual Survey” – Most recent year conducted:	
If “Yes, Close Interval Survey” – Most recent year conducted:	
If “Yes, Other CP Survey” – Most recent year conducted:	
Describe other CP survey	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
- If Internal Corrosion:	
6. Results of visual examination:	
- Other:	
7. Type of corrosion *(select all that apply)*: -	
- Corrosive Commodity	

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- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other:	
- If Other, Describe:	
8. The cause(s) of corrosion selected in Question 7 is based on the following *(select all that apply)*: -	
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
9. Location of corrosion *(select all that apply)*: -	
- Low point in pipe	
- Elbow	
- Dead-Leg	
- Other:	
- If Other, Describe:	
10. Was the commodity treated with corrosion inhibitors or biocides?	
11. Was the interior coated or lined with protective coating?	
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?	
13. Were corrosion coupons routinely utilized?	
G2 - Natural Force Damage - only one **sub-cause** can be picked from shaded left-handed column	
Natural Force Damage – Sub-Cause:	Heavy Rains/Floods
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Describe:	
- If Heavy Rains/Floods:	
2. Specify:	Other
- If Other, Describe:	,Soil movement, promoted by unusually high rainfall averages and not a singular event, induced axial stresses sufficient to cause an overload condition.,,
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Describe:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event?	No
6a. If Yes, specify: *(select all that apply)*	
- Hurricane	
- Tropical Storm	

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- Tornado	
- Other	
- If Other, Describe:	
G3 - Excavation Damage - only one **sub-cause** can be picked from shaded left-hand column	
Excavation Damage – Sub-Cause:	
- If Previous Damage due to Excavation Activity: Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
Complete the following if Excavation Damage by Third Party is selected as the sub-cause.	
1. Did the operator get prior notification of the excavation activity?	
1a. If Yes, Notification received from: *(select all that apply)* -	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
1b. Per the primary Accident Investigator results, did State law exempt the excavator from notifying the one-call center?	
If yes, answer 1c through 1e.	
1c. select one of the following:	
Describe	
1d. Exempting authority:	
1e. Exempting criteria:	
Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.	
2. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?	
3. Right-of-Way where event occurred: *(select all that apply)* -	
- Public	
- If "Public", Specify:	
- Private	
- If "Private", Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Unknown/Other	
4 Was the facility part of a Joint Trench?	
5. Did this event involve a Cross Bore?	
6. Measured Depth from Grade	
Measured depth From Grade	
7. Type of excavator:	

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8. Type of excavation equipment:	
9. Type of work performed:	
10. Was the One-Call Center notified?	
If No, skip to question 11	
10a. If Yes, specify ticket number:	
10b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
10 c. Was work area white lined?	
11. Type of Locator:	
12. Were facility locate marks visible in the area of excavation?	
13. Did the damage cause an interruption in service?	
13a. If Yes, specify duration of the interruption (hours)	
14. Description of the CGA-DIRT Root Cause *(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):*	
Root Cause Category	
Root Cause Type	
(comment required)	
G4 - Other Outside Force Damage - *only one **sub-cause** can be selected from the shaded left-hand column*	
Other Outside Force Damage – Sub-Cause:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	
If this sub-section is picked, please complete questions 5-11 below	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Previous Mechanical Damage NOT Related to Excavation: Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
- If Intentional Damage:	
3. Specify:	
- If Other, Describe:	
- If Other Outside Force Damage:	
4. Describe:	
Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.	

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5. Was the driver of the vehicle or equipment issued one or more citations related to the accident?	
If 5 is Yes, what was the nature of the citations (select all that apply)	
5a. Excessive Speed	
5b. Reckless Driving	
5c. Driving Under the Influence	
5e. Other	
If Other, Describe	
6. Was the driver under control of the vehicle at the time of the collision?	
7. Estimated speed of the vehicle at the time of impact (miles per hour)?	
- Unknown	
8. Type of vehicle? (select only one)	
9. Where did the vehicle travel from to hit the pipeline facility? (select only one)	
10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet):	
11. At the time of the accident, were protections installed to protect the damaged pipeline facility from vehicular damage?	
If 11 is Yes, specify type of protection (select all that apply):	
11a. Bollards/Guard Posts	
11b. Barricades – include Jersey barriers and fences in instructions	
11c. Guard Rails	
If Other, Describe	
G5 - Material Failure of Pipe or Weld - only one **sub-cause** can be selected from the shaded left-hand column	
Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."	
Material Failure of Pipe or Weld – Sub-Cause:	
1. The sub-cause shown above is based on the following: *(select all that apply)*	
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
- Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)	
-If Design-, Construction-, Installation- or Fabrication-related	
2. List contributing factors: *(select all that apply)*	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	

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- If Original Manufacturing-related (NOT girth weld or other welds formed in the field)	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify:	
- If Other - Describe:	
Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.	
4. Additional factors: (*select all that apply*):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other:	
- If Other, Describe:	
G6 – Equipment Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Equipment Failure – Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
1. Specify: *(select all that apply)* -	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- ESD System Failure	
- Other	
- If Other – Describe:	
- If Pump or Pump-related Equipment:	

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2. Specify:	
- If Other – Describe:	
- If Threaded Connection/Coupling Failure:	
3. Specify:	
- If Other – Describe:	
- If Non-threaded Connection Failure:	
4. Specify:	
- If Other – Describe:	
- If Other Equipment Failure:	
5. Describe:	
Complete the following if any Equipment Failure sub-cause is selected.	
6. Additional factors that contributed to the equipment failure: *(select all that apply)*	
- Excessive vibration	
- Overpressurization	
- No support or loss of support	
- Manufacturing defect	
- Loss of electricity	
- Improper installation	
- Improper maintenance	
- Mismatched items (different manufacturer for tubing and tubing fittings)	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with transported commodity	
- Valve vault or valve can contributed to the release	
- Alarm/status failure	
- Misalignment	
- Thermal stress	
- Erosion/Abnormal Wear	
- Other	
- If Other, Describe:	
G7 - Incorrect Operation - only one **sub-cause** can be selected from the shaded left-hand column	
Incorrect Operation – Sub-Cause:	
- If Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	
1. Specify:	
- If Other, Describe:	
- If Other Incorrect Operation	
2. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
3. Was this Accident related to *(select all that apply)*: -	

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- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Accident?	
5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program?	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Accident Cause - only one **sub-cause** can be selected from the shaded left-hand column	
Other Accident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
Mandatory comment field:	
PART J – COMPLETED INTEGRITY INSPECTIONS	
Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is:	
Corrosion (any subCause in Part G1); or	
Previous Damage due to Excavation Activity (subCause in Part G3); or	
Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or	
Material Failure of Pipe or Weld (any subCause in Part G5)	
J1. Have internal inspection tools collected data at the point of the Accident?	
J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs:	
Axial Magnetic Flux Leakage	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Most recent run Attuned to Detect (select only one):	
Other Describe	
If Metal Loss, specify (select only one):	
Other Describe	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Previous run Attuned to Detect (select only one):	
Other Describe	
If Metal Loss, specify (select only one):	
Other Describe	
Circumferential/Transverse Wave Magnetic Flux Leakage	
Most recent run Year:	

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Most recent run Propulsion Method (select only one):	
Most recent run Resolution (select only one):	
Other Describe	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Previous run Resolution (select only one):	
Other Describe	
Ultrasonic	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Most recent run Attuned (select only one):	
Other Describe	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Most recent run Attuned to (select only one)	
Other Describe	
If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one):	
Other Describe	
Geometry/Deformation	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Most recent run Resolution (select only one):	
Other Describe	
Most recent run Measurement Cups (select only one):	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Other Describe	
Previous run Resolution (select only one):	
Other Describe	
Previous run Measurement Cups (select only one):	
Electromagnetic Acoustic Transducer (EMAT)	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Cathodic Protection Current Measurement (CPCM)	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Previous run Year:	

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Previous run Propulsion Method (select only one):	
Other, specify tool	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Answer J1.b only when the cause is:	
Previous Damage due to Excavation Activity (subCause in Part G3); or	
Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4)	
J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained	
J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident? (initial post construction pressure test is NOT reported here)	
Most recent year tested:	
Test pressure (psig):	
J3. Has Direct Assessment been conducted on the pipeline segment?	
Most recent year conducted:	
Most recent year conducted:	
If J3 is Yes, J3a. For each type, indicate the year of the most recent assessment	
External Corrosion Direct Assessment (ECDA)	
Other, specify type	
J4. Has one or more non-destructive examination been conducted prior to the Accident at the point of the Accident since January 1, 2002?	
4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was conducted:	
Radiography	
Guided Wave Ultrasonic	
Handheld Ultrasonic Tool	
Wet Magnetic Particle Test	
Dry Magnetic Particle Test	
Other	
- If Other, specify type	
PART K – CONTRIBUTING FACTORS	
The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part K. If Contributing Factors were identified during a root cause analysis, select all that apply below and explain each in the Narrative:	
External Corrosion	
External Corrosion, Galvanic	
External Corrosion, Atmospheric	
External Corrosion, Stray Current Induced	
External Corrosion, Microbiologically Induced	
External Corrosion, Selective Seam	

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Internal Corrosion	
Internal Corrosion, Corrosive Commodity	
Internal Corrosion, Water drop-out/Acid	
Internal Corrosion, Microbiological	
Internal Corrosion, Erosion	
Natural Forces	
Earth Movement, NOT due to Heavy Rains/Floods	
Heavy Rains/Floods	
Lightning	
Temperature	
High Winds	
Tree/Vegetation Root	
Excavation Damage	
Excavation Damage by Operator (First Party)	
Excavation Damage by Operator's Contractor (Second Party)	
Excavation Damage by Third Party	
Previous Damage due to Excavation Activity	
Other Outside Force	
Nearby Industrial, Man-made, or Other Fire/Explosion	
Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	
Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment	
Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
Electrical Arcing from Other Equipment or Facility	
Previous Mechanical Damage NOT Related to Excavation	
Intentional Damage	
Pipe/Weld Failure	
Design-related	
Construction-related	
Installation-related	
Fabrication-related	
Original Manufacturing-related	
Environmental Cracking-related, Stress Corrosion Cracking	
Environmental Cracking-related, Sulfide Stress Cracking	
Environmental Cracking-related, Hydrogen Stress Cracking	
Environmental Cracking-related, Hard Spot	
Equipment Failure	
Malfunction of Control/Relief Equipment	

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Pump or Pump-related Equipment	
Threaded Connection/Coupling Failure	
Non-threaded Connection Failure	
Defective or Loose Tubing or Fitting	
Failure of Equipment Body (except Compressor), Vessel Plate, or other Material	
Incorrect Operation	
Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage	
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	
Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure	
Pipeline or Equipment Over pressured	
Equipment Not Installed Properly	
Wrong Equipment Specified or Installed	
Inadequate Procedure	
No procedure established	
Failure to follow procedures	

PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT

On 2/22/2020 at 19:07, the Denbury Control Center (DCC) observed a low-pressure alarm at the Satartia motor operated valve (MOV) location on the Delhi segment. The Control Center Supervisor was notified and at 19:15 the upstream MOV, downstream MOV, and the Satartia MOV were closed by the DCC. Denbury operations personnel were immediately notified by the DCC of low-pressure alarms and valve closures and were mobilized to the area in addition to emergency response contractors. While mobilization of personnel occurred, the DCC closed all CO2 sources to Delhi segment between 19:26 and 19:28. At 19:54, a Denbury representative contacted the Tri-Community Fire Chief, who was on-site and identified himself as the Incident Commander on location acknowledging the incident was being managed in the Unified Command. Denbury personnel arrived on-site at 20:20 to confirm the Delhi segment had experienced a pipeline failure upstream of the Hwy 433 road crossing. At 20:21, a Denbury representative contacted the Yazoo County EMA, who was directing the Yazoo County Sheriffs Department, MS Highway Patrol, and MDOT. The Yazoo County EMA confirmed that they began facilitating the evacuation of residence near Satartia, MS at approximately 19:20. MSDEQ was notified at 19:58. Both MSDEQ and MEMA were on-scene and performing supporting agency roles during the emergency phase of the response (4 hours). At 20:51, the NRC was notified, and the CO2 leak was reported (NRC #1271847). At 21:36 emergency response contractors arrived on-site and began conducting preliminary air-monitoring for response personnel. At 21:55 additional emergency response contractors arrived on-site and began conducting community air monitoring and atmospheric testing in and around the failure site and the City of Satartia and the surrounding area. Air monitoring and atmospheric testing continued throughout the night. At 23:06, Denbury personnel observed no product coming from the failure location. At 0:00 on 2/23/2020, an Operation Period Briefing was conducted by the Unified Command. During the briefing, the incident command team instructed responders to continue air monitoring, conduct reconnaissance within the evacuated areas to ensure no people were left behind, clear the debris and soil off of HWY 433, and begin developing a plan to lift the evacuation. At 06:00 a planning meeting was conducted by the Unified Command. The recon team confirmed all personnel had been evacuated and reported seeing live cows, dogs, and cats throughout the evacuated area. The air monitoring team also reported that CO2 levels were down to ambient levels and the evacuation could be lifted. At 08:00 the Unified Command gave the All Clear, and the roads were opened and residents in the surrounding area were allowed to return to their homes. Personnel and a toxicologist from CTEH were made available to inspect homes prior to the residence re-entry. At 18:39 on 2/24/2020, the NRC was contacted and given a 48-hour update report (NRC #1272001). A total of 200 residents were evacuated and 45 residents were taken to the hospital. To Denburys knowledge, one individual was admitted to the hospital for reasons unrelated to the pipeline failure.

On 3/9/2020 pipeline samples of the failure location were removed, prepared for shipment, and sent to a testing laboratory on 3/11/2020. The results from the laboratory testing were received and shared with PHMSA on 6/26/2020.

Based on the findings of metallurgical and stress evaluations and the evidence of a code compliant pipeline, it is concluded that soil movement upstream of the failure location induced axial stresses sufficient to cause an overload condition and resulted in the pipeline rupture. Soil movement was promoted by unusually high rainfall averages and not a singular rainfall event.

The pipeline segment was repaired and on 10/26/2020 at 12:30 the pipeline was restarted with no issues.

PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	Chad Docekal

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Preparer's Title	Regulatory Compliance Specialist
Preparer’s Telephone Number	9726732734
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Preparer’s Facsimile Number	
Local Contact Name	
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Local Contact Phone	
Authorized Signer Name	David Sheppard
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Date	11/24/2020

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