

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:

400738036

Date Received:

11/21/2014

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

439840

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>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>	Phone Numbers
Address: <u>600 17TH STREET #1600N</u>		Phone: <u>(970) 285-9606</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 778-2314</u>
Zip: <u>80202</u>		Email: <u>jjanicek@caerusoilandgas.com</u>
Contact Person: <u>Jake Janicek</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400731473

Initial Report Date: 11/13/2014 Date of Discovery: 11/11/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 8 TWP 7S RNG 94W MERIDIAN 6Latitude: 39.456371 Longitude: -107.916307Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 335006☐ 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? Yes

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated 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: Overcast, cold, 38 F. Slight PPTSurface Owner: FEE

Other(Specify): _____

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):

The release was caused by corrosion of the metal on a 2" buried condensate line. The leak was discovered during a quarterly pressure test on the buried line to test its integrity. The leaking line allowed condensate to migrate out into the subsurface soil.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/12/2014	COGCC	Carlos Lujan	970-286-3292	Notified via email
11/12/2014	Garfield County	Kirby Wynn	970-625-5905	Notified via email
11/13/2014	Landowner	John Savage	970-625-1395	Notified via voicemail

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 11/21/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" 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"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>50</u>		Width of Impact (feet): <u>35</u>	
Depth of Impact (feet BGS): <u>23</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Field screen readings and visual observations.			
Soil/Geology Description:			
Villa Grove-Zoltay loams, 15 to 30 percent slopes			
Depth to Groundwater (feet BGS) <u>85</u>		Number Water Wells within 1/2 mile radius: <u>3</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1514</u> None <input type="checkbox"/>	Surface Water <u>675</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
	Livestock <u>500</u> None <input type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>	
Additional Spill Details Not Provided Above:			

When the release was discovered, production personnel halted flow to the line. Initial investigation of the release indicated that the area of impact is located in the vicinity of the separator units. The entire release was contained on the well pad surface. All impacted soil will be removed and stored onsite. Once field screen readings indicate impacted soil has been removed, confirmation soil samples will be collected and submitted for laboratory analysis of COGCC Table 910-1 analytes.

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	11/21/2014
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" 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)		
<div>The release was caused by corrosion of the metal on a 2" buried dump line. The leak was discovered during a routine site inspection. The initial Form 19 submitted on 11/13/14 was incorrect. The release was not discovered during a pressure test but during a routine site inspection.</div>		
Describe measures taken to prevent the problem(s) from reoccurring:		
<div>The affected section of line will be replaced with line containing an external coating which greatly reduces the potential corrosion of the metal.</div>		
Volume of Soil Excavated (cubic yards): 700		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input checked="" 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: _____

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Casey Richardson

Title: Environmental Scientist Date: 11/21/2014 Email: crichardson@hrlcomp.com

COA Type

Description

	The spill/release detail report states: "All impacted soil will be removed and stored onsite. Once field screen readings indicate impacted soil has been removed, confirmation soil samples will be collected and submitted for laboratory analysis of COGCC Table 910-1 analytes." Please describe treatment of removed impacted material: 1) Will it be sent to an approved landfill? 2) Will it be treated onsite? landfarmed in 201? other? Response must be submitted via e-form 04 by December 12, 2014.
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Attachment Check List

Att Doc Num

Name

400738036	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)