

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

400872655

Date Received:

07/22/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

442525

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400870201

Initial Report Date: 07/17/2015 Date of Discovery: 07/14/2015 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 17 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.528190 Longitude: -108.130220

Municipality (if within municipal boundaries): County: GARFIELD

#### Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 335781

☐ 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): 0

Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: cloudy 85

Surface Owner: FEE

Other(Specify): Chevron USA, Inc.

#### 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):

During a routine site visit, the pumper responsible for the site observed a stain and what appeared to be a hole where fluid from the subsurface was being conveyed to the surface immediately north of the site's tank battery. The wells associated with that tank battery were turned off and all flowlines/dumplines near the tank battery were relieved of all fluid and pressure. The area near the stain was excavated and impacted soil near the condensate dumpline was observed.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/15/2015	Garfield County	Kirby Wynn	970-987-2557	No response - Left voicemail
7/15/2015	COGCC	Carlos Lujan	970-286-3292	Responded with a phone call
7/13/2015	Chevron USA	Craig Tysse	970-285-9722	Requested an onsite meeting

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/22/2015		
<b>FLUIDS</b>	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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): 56		Width of Impact (feet): 18	
Depth of Impact (feet BGS): 17		Depth of Impact (inches BGS): _____	
How was extent determined?			
The impacted area was delineated via advancing soil borings in and around the source area. Soil collected from these borings was field screened with a photoionization detector.			
Soil/Geology Description:			
Arvada loam, 6 to 20 percent slopes			
Depth to Groundwater (feet BGS) 43		Number Water Wells within 1/2 mile radius: 6	
If less than 1 mile, distance in feet to nearest	Water Well 1158	None <input type="checkbox"/>	Surface Water 528
	Wetlands	None <input checked="" type="checkbox"/>	Springs 1056
	Livestock	None <input checked="" type="checkbox"/>	Occupied Building 918
Additional Spill Details Not Provided Above:			

## 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: Jake Janicek

Title: EHS Professional Date: 07/22/2015 Email: jjanicek@caerusoilandgas.com

### Attachment Check List

#### Att Doc Num

#### Name

400872667

TOPOGRAPHIC MAP

Total Attach: 1 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

Total: 0 comment(s)