

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400898838

Date Received:

09/11/2015

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: <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> Zip: <u>80202</u>		Mobile: <u>(970) 778-2314</u>
Contact Person: <u>Jake Janicek</u>		Email: <u>jjanicek@caerusoilandgas.com</u>

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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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: 09/11/2015

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? NO Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) Soil Groundwater Surface Water 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 extent was determined by collecting confirmation samples and submitting them for laboratory analysis.

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	<u>1158</u>	None <input type="checkbox"/>	Surface Water	<u>528</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs	<u>1056</u>	None <input type="checkbox"/>
Livestock		None <input checked="" type="checkbox"/>	Occupied Building	<u>918</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	09/11/2015
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)		
The release was caused by a hole that developed in the dumpline.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Pressure testing of dumplines is ongoing and will continue per the COGCC regulations.		
Volume of Soil Excavated (cubic yards): 850		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input checked="" type="checkbox"/> Other (specify) Backfill Material		
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: _____

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: Jake Janicek

Title: EHS Professional Date: 09/11/2015 Email: jjanicek@caerusoilandgas.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400898842	ANALYTICAL RESULTS

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	<p>Thanks for submitting the confirmation analytical results. Results are within Table 910-1 values except for SAR, EC, pH but upper 3 feet of excavation will be filled with native soil.</p> <p>Per new management instructions, we have to notify Engineering when a spill/release occurs due to a flowline issue. Please do not backfill until we get a response from COGCC Engineering group. I will leave this spill report open for now. C Lujan, 09/15/2015.</p> <p>Engineering group confirmed that the excavation can be backfilled. Caerus notified that back fill work has been completed. THE spill report #400870201 will be closed. No Further Action is Necesarry.</p>	<p>9/15/2015 11:04:39 AM</p>

Total: 1 comment(s)