

**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:

400938643

Date Received:

11/19/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

443559

## 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>	<b>Phone Numbers</b>
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# 400913402

Initial Report Date: 10/07/2015      Date of Discovery: 10/07/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 28 TWP 6S RNG 96W MERIDIAN 6Latitude: 39.488500 Longitude: -108.121700Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: OTHER☐ Facility/Location ID No \_\_\_\_\_☒ 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? No

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

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated 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: Clear 80Surface Owner: FEEOther(Specify): Withheld for Privacy Reasons

#### **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 pumping operations, an above-ground line associated with conveying produced water to our H2-797 pad location (COGCC Location ID 439917) for completions operations broke. Pumping operations were immediately shut down. Approximately one barrel of produced water released from the broken line and soaked into the ground. Soil samples were collected from within the spill area and submitted for laboratory analysis.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/7/2015	Surface Owner	Surface Owner	-	Verbal

**CORRECTIVE ACTIONS**

#1	Supplemental Report Date:	11/17/2015
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Cause of Spill (Check all that apply)    ☒ Human Error    ☐ Equipment Failure    ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

The incident details were provided on the Supplemental Form 19 (COGCC Document ID 400918468) submitted on 10/15/2015. The Root Cause was an operational error made by the pump operator and a miscommunication between third party contractors.

Describe measures taken to prevent the problem(s) from reoccurring:

Employees and contractors will be trained to be more aware of the systems they are operating and overcommunication will be emphasized during daily safety meetings.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation)    ☐ Offsite Disposal    ☐ Onsite Treatment  
☐ 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: \_\_\_\_\_

**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: 11/19/2015 Email: jjanicek@caerusoilandgas.com

**COA Type**

**Description**

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**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400938643	FORM 19 SUBMITTED
400938662	ANALYTICAL RESULTS

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)