

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:

400960215

Date Received:

12/28/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

444434

### SPILL/RELEASE REPORT (INITIAL)

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> 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# 400960215

Initial Report Date: 12/28/2015 Date of Discovery: 12/26/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 35 TWP 7S RNG 96W MERIDIAN 6

Latitude: 39.399660 Longitude: -108.076190

Municipality (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? Yes

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

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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: Cold, 0-20 degrees fahrenheit

Surface Owner: FEE Other(Specify): Larry Kliebold

#### 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):

While hauling a load of produced water, a transport lost traction on a steep portion of the High Mesa Road and slid off of the road. A minimal amount of produced water released from the transport and flowed approximately 60 feet away from the transport. Absorbent materials were quickly deployed to soak up the fluid that did not immediately freeze.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/26/2015	Surface Owner	Larry Kliebold	303-888-6861	Had discussion about incident
12/27/2015	COGCC	Carlos Lujan	970-286-3292	No response. Had to leave voicemail.

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: 12/28/2015 Email: jjanicek@caerusoilandgas.com

**COA Type**

**Description**

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### Attachment Check List

**Att Doc Num**

**Name**

400960215	FORM 19 SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)