

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:

400963363

Date Received:

01/04/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

444434

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 | Phone Numbers |
| Address: 600 17TH STREET #1600N | | Phone: (970) 282-9606 |
| City: DENVER | State: CO | Mobile: (970) 778-2314 |
| Zip: 80202 | | Email: jjanicek@caerusoilandgas.com |
| Contact Person: Jake Janicek | | |

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

| Date | Agency/Party | Contact | Phone | Response |
|------------|---------------|----------------|--------------|--------------------------------------|
| 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. |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|-----------------|--------------------------------------|-----------------|--------------------------|
| #1 | Supplemental Report Date: 01/04/2016 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 0 | 0 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 5 | 0 | <input 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): 60 Width of Impact (feet): 0

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 2

How was extent determined?

Visual observation

Soil/Geology Description:

Potts loam, 6 to 12 percent slopes

Depth to Groundwater (feet BGS) 155 Number Water Wells within 1/2 mile radius: 6

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-------------|------------------------------------------|-------------------|-------------|-------------------------------|
| Water Well | <u>1160</u> | None <input type="checkbox"/> | Surface Water | <u>776</u> | None <input type="checkbox"/> |
| Wetlands | _____ | None <input checked="" type="checkbox"/> | Springs | <u>730</u> | None <input type="checkbox"/> |
| Livestock | <u>1257</u> | None <input type="checkbox"/> | Occupied Building | <u>1198</u> | None <input type="checkbox"/> |

Additional Spill Details Not Provided Above:

Due to cold weather conditions, the affected surface is currently frozen and no samples have been collected. We are monitoring the affected surface and will collect confirmation samples from the spill path as soon as possible.

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: 01/04/2016 Email: jjanicek@caerusoilandgas.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-----------------|
| 400963379 | TOPOGRAPHIC MAP |
|-----------|-----------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | |
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Total: 0 comment(s)