

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:

401024912

Date Received:

04/10/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

445431

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# 401020710

Initial Report Date: 04/04/2016 Date of Discovery: 04/02/2016 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 12 TWP 8S RNG 96W MERIDIAN 6

Latitude: 39.360330 Longitude: -108.058850

Municipality (if within municipal boundaries): _____ County: MESA

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 312696
 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? No

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): >=5 and <100

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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: clear 60

Surface Owner: FEE Other(Specify): _____

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):

A hole was found in a tank while conducting an integrity test. The remaining fluid was removed from the tank. All released fluid soaked into the soil of the secondary containment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|-----------------|-------------|--------------|----------------------------------|
| 4/3/2016 | COGCC | Calos Lujan | 970-286-3292 | No response at time of reporting |
| 4/4/2016 | Garfield County | Kirby Wynn | 970-625-5905 | Confirmed he received the email |
| 4/4/2016 | Landowner | Lyle Hyrup | - | No response at time of reporting |

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/10/2016

| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
|-----------------|---------------|-----------------|--------------------------|
| OIL | 0 | 0 | <input type="checkbox"/> |
| CONDENSATE | 10 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 0 | 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? YES 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): _____ Width of Impact (feet): _____

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

How was extent determined?

The extent has not yet been determined, but all fluid was confined completely within secondary containment.

Soil/Geology Description:

Villa Grove-Zoltay loams, 15 to 30 percent slopes

Depth to Groundwater (feet BGS) 112 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

| | | | | | |
|------------|-------------|--|-------------------|-------------|--|
| Water Well | <u>2946</u> | None <input type="checkbox"/> | Surface Water | <u>569</u> | None <input type="checkbox"/> |
| Wetlands | _____ | None <input checked="" type="checkbox"/> | Springs | _____ | None <input checked="" type="checkbox"/> |
| Livestock | <u>20</u> | None <input type="checkbox"/> | Occupied Building | <u>4500</u> | None <input type="checkbox"/> |

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: 04/10/2016 Email: jjanicek@caerusoilandgas.com

COA Type

Description

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment Check List

Att Doc Num

Name

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-----------------|
| 401024914 | TOPOGRAPHIC MAP |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)