

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:

401081621

Date Received:

07/20/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

446791

**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>1001 17TH STREET #1600</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# 401081621

Initial Report Date: 07/20/2016 Date of Discovery: 07/19/2016 Spill Type: Historical Release

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR NWSW SEC 16 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.519844 Longitude: -108.121455

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

**Reference Location:**

Facility Type: PARTIALLY-BURIED VESSEL  Facility/Location ID No 335206

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): Unknown

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: Cloudy 70

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):

While conducting annual integrity testing on a partially buried vault, we observed that the vault was not able to hold freshwater we were using to conduct the test. The tank was removed and impacted soil was observed beneath it.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
7/20/2016	Garfield County	Kirby Wynn	970-625-5905	None at time of reporting

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: 07/20/2016 Email: jjanicek@caerusoilandgas.com

**COA Type**

**Description**

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### Attachment Check List

**Att Doc Num**

**Name**

401081621	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)