

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401082168

Date Received:

07/21/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

446791

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>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

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 07/21/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER			<input checked="" type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): _____ Width of Impact (feet): _____

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

How was extent determined?

The extent of the release is still being assessed.

Soil/Geology Description:

Rock outcrop-Torriorthents complex, very steep

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>2965</u>	None <input type="checkbox"/>	Surface Water	<u>2945</u>	None <input type="checkbox"/>
Wetlands		None <input checked="" type="checkbox"/>	Springs		None <input checked="" type="checkbox"/>
Livestock	<u>1834</u>	None <input type="checkbox"/>	Occupied Building	<u>3736</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:

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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: 07/21/2016 Email: jjanicek@caerusoilandgas.com

COA Type	Description
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Attachment Check List

Att Doc Num	Name
401082168	FORM 19 SUBMITTED
401082170	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Environmental	Please provide information regarding assessment and cleanup in a timely manner.	7/26/2016 4:52:32 PM

Total: 1 comment(s)