

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:

401141647

Date Received:

11/02/2016

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

448077

**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>	<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# 401131947

Initial Report Date: 10/17/2016 Date of Discovery: 10/17/2016 Spill Type: Historical Release

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SESW SEC 31 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.475152 Longitude: -108.150508

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

**Reference Location:**

Facility Type: OTHER  Facility/Location ID No 335383  
 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? No

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

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

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: Cloudy 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):

While conducting annual integrity testing on a condensate dumlaine, we observed that the line was not able to hold pressure. The line was uncovered and impacted soil was observed beneath it. The line was taken out of service and impacted soil will be removed.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/17/2016	Puckett Land Co.		-	No response at time of reporting
10/17/2016	Garfield County Liason	Kirby Wynn	970-625-5905	No response at time of reporting

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/02/2016

Cause of Spill (Check all that apply)  Human Error  Equipment Failure  Historical-Unknown  
 Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

While conducting annual integrity testing on a condensate dumlaine piped between the condensate tank and production separators, we observed that the line was not able to hold pressure. The root cause was holes in the western portion of the dumlaine piping.

Describe measures taken to prevent the problem(s) from reoccurring:

The compromised portion of line was uncovered and taken out of service.

Volume of Soil Excavated (cubic yards): 100

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment  
 Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): \_\_\_\_\_

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

### 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:

Please see attached documentation.

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: 11/02/2016 Email: jjanicek@caerusoilandgas.com

COA Type

Description

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**Attachment Check List**

Att Doc Num

Name

401141655	ANALYTICAL RESULTS
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Total Attach: 1 Files

**General Comments**

User Group

Comment

Comment Date

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Total: 0 comment(s)