

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:

401473750

Date Received:

12/01/2017

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

453078

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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# 401463506

Initial Report Date: 11/17/2017 Date of Discovery: 11/15/2017 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 17 TWP 7S RNG 94W MERIDIAN 6

Latitude: 39.436022 Longitude: -107.915555

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No _____
 No Existing Facility or Location ID No.
 Well API No. (Only if the reference facility is well) 05-045-18767

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): 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 50

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):

During a routine site visit, one of our technicians observed gas coming out of the pad surface between the wellheads and separators. The lease operator and production foreman were immediately notified. Once they arrived on site, they began pressure testing all flowlines between the wellheads and separators. Once they found the flowline that was leaking, it was immediately shut in. Assessment of impacted material is currently underway. All impacted soil and/or groundwater is being removed from the ground.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/16/2017	CDPHE	Ann Nedrow	303-692-2709	Submitted an official report
11/16/2017	BLM-CRVFO	Christina O'Connell	970-404-5880	Discussed incident
11/16/2017	Garfield County	Kirby Wynn	970-625-5905	No response at time of reporting
11/15/2017	COGCC	Carlos Lujan	970-286-3292	Requested an onsite which was conducted 11/16/2017

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/01/2017

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)

Please see attached documentation for third party pipe failure analysis.

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

The failed portion of flowline was replaced.

Volume of Soil Excavated (cubic yards): 100

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

Volume of Impacted Ground Water Removed (bbls): 22

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:

The information listed in this form and narrative should satisfy Corrective Actions listed on documents identified by COGCC Document IDs 689100095, 401463506, and 401467050.

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 Lead Date: 12/01/2017 Email: jjanicek@caerusoilandgas.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401473799	OTHER
401474280	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)