

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401490423

Date Received:

12/21/2017

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

453360

**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>	<b>Phone Numbers</b>
Address: <u>1001 17TH STREET #1600</u>		Phone: <u>(970) 285-2720</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# 401484512

Initial Report Date: 12/13/2017 Date of Discovery: 12/12/2017 Spill Type: Recent Spill

**Spill/Release Point Location:**

Location of Spill/Release: QTRQTR SENW SEC 23 TWP 5S RNG 96W MERIDIAN 6

Latitude: 39.601888 Longitude: -108.140833

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

**Reference Location:**

Facility Type: TANK BATTERY  Facility/Location ID No 335667  
 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): >=5 and <100

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 30

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 lease operator at the F23 596 well pad discovered that the line connecting the onsite pump to the tank battery had a failure and was leaking produced water inside secondary containment. The lease operator isolated the line, called his supervisor, and then had a water truck mobilized to the site to remove the fluid from containment. All frozen portions of the released fluid were taken to the NPR Solidification Facility (COGCC Facility ID 426582) for ultimate disposal at a licensed disposal facility.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/13/2017	Garfield County	Kirby Wynn	970-625-5905	No response at time of reporting

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	12/21/2017		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	15	13	<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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature				
Surface Area Impacted: Length of Impact (feet): <u>40</u>		Width of Impact (feet): <u>15</u>		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): <u>8</u>		
How was extent determined?				
Frozen produced water inside and outside the secondary containment was collected and taken to the NPR Solidification Facility (COGCC Facility ID 426582) for ultimate disposal at a licensed disposal facility. Additionally, soil associated with the spill outside of secondary containment was collected and transported to the above-referenced solidification facility for final disposal. A soil sample was collected from the spill area to determine the extent of contamination outside the secondary containment. Results of this soil sample will be reported in subsequent forms.				
Soil/Geology Description:				
Nihill Channery Loam, 6-25% slopes (Soil map unit symbol 47).				
Depth to Groundwater (feet BGS) <u>30</u>		Number Water Wells within 1/2 mile radius: <u>2</u>		
If less than 1 mile, distance in feet to nearest		Water Well <u>175</u> None <input type="checkbox"/>	Surface Water <u>205</u> None <input type="checkbox"/>	
		Wetlands <u>205</u> None <input type="checkbox"/>	Springs <u>1200</u> None <input type="checkbox"/>	
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>	
Additional Spill Details Not Provided Above:				
The water wells within 1/2 mile radius are both groundwater monitoring wells. One water well is upgradient of the spill location by 550 feet. The spring outlined above is 1200' upgradient northwest of the spill location.				

# CORRECTIVE ACTIONS

#1	Supplemental Report Date:	12/21/2017
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
The produced water line failed due to corrosion. The produced water line was replaced and returned to service.		
Describe measures taken to prevent the problem(s) from reoccurring:		
The spill exited the lined secondary containment due to holes in the liner. The liner will be patched to ensure adequate secondary containment for the tanks on the location.		
Volume of Soil Excavated (cubic yards): 0		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): 0		
Volume of Impacted Surface Water Removed (bbls): 0		

## 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 Lead Date: 12/21/2017 Email: jjanicek@caerusoilandgas.com

<u>COA Type</u>	<u>Description</u>

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401493916	TOPOGRAPHIC MAP

Total Attach: 1 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)