

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:

401653260

Date Received:

05/25/2018

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

455233

SPILL/RELEASE REPORT (INITIAL)

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) 2852739</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(970) 9874650</u>
Contact Person: <u>Brett Middleton</u>		Email: <u>bmiddleton@caerusoila ndgas.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401653260

Initial Report Date: 05/25/2018 Date of Discovery: 05/24/2018 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 24 TWP 6S RNG 97W MERIDIAN 6

Latitude: 39.512940 Longitude: -108.163810

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 335463

Spill/Release Point Name: Mesa 6 historic release No Existing Facility or Location ID No.

Number: _____ 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? No

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): 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: Clear

Surface Owner: FEE Other(Specify): Puckett Land Company

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 Form 27 was initially submitted to conduct sampling and investigation sample data indicates a larger impacted area than expected. see document # 401620554 Soil samples were collected around the partially buried tank at depths ranging from 1 feet below ground surface (bgs) to 8 feet bgs. Laboratory analytical

List Agencies and Other Parties Notified:

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

OPERATOR COMMENTS:

Attn: Carlos Lujan, Submitting Form 19 to document historic release

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Brett Middleton

Title: Sr. Env. Specialist Date: 05/25/2018 Email: bmiddleton@caerusoilandgas.com

COA Type

Description

	Assess vertical and horizontal and extent of impact and collect confirmation soil and/or ground water samples. Remediate to Table 910-1 standards and provide documentation in a Supplemental F-27.
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Attachment Check List

Att Doc Num

Name

401653260	SPILL/RELEASE REPORT(INITIAL)
401656730	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)