

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401676577

Date Received:

06/18/2018

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

455233

### 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# 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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date:	06/18/2018		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER			<input checked="" 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>30</u>		Width of Impact (feet): <u>30</u>		
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____		
How was extent determined?				
Following the removal of the partially buried tank, impacted soil was excavated and stockpiled on site. Soil confirmation samples were collected from each sidewall and the base of the excavation. Laboratory analytical results indicate TPH concentrations exceeding Table 910-1 Concentration Levels. Laboratory analytical results are attached to this Supplemental Form 19.				
Soil/Geology Description:				
Parachute Rhone Loams, 5 to 30 percent slopes				
Depth to Groundwater (feet BGS) <u>260</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>1872</u> None <input type="checkbox"/>	Surface Water <u>4429</u> None <input type="checkbox"/>	
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs <u>1523</u> None <input type="checkbox"/>	
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>	
Additional Spill Details Not Provided Above:				
Depth to groundwater was based off of the nearest water well, not at the point of release				

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	06/18/2018
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
A partially buried tank containing produced water failed on the Mesa 6 (COGCC Facility ID#: 335463).		
Describe measures taken to prevent the problem(s) from reoccurring:		
The wells producing to the partially buried tank were shut in and re-routed to convey fluids to a temporary tank contained within an earthen berm secondary containment. Following remedial activities, the excavated area under the partially buried tank will be backfilled to match the preexisting grade and a permanent above ground tank with lined secondary containment will be reinstalled.		
Volume of Soil Excavated (cubic yards):		
670		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input checked="" 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: 06/18/2018 Email: jjanicek@caerusoilandgas.com

<b>COA Type</b>	<b>Description</b>
	Submit a Supplemental eForm 27 to provide status update for Remediation Project #11282. This supplemental eForm 27 should also include a description of the operator's plans to dispose of E&P waste from the subject excavation and provide corrected lat/long. Attach analytical data as well as a location diagram that shows sample locations, sample depths, E&P waste stockpile locations, and aerial extent of the excavation.
	Submit a Supplemental eForm 19 to provide corrected latitude and longitude for the subject release.  The supplemental eForm 19 may also request closure for the spill/release record. Indicate that work to remediate historical impacts is proceeding under approved Site Investigation and Remediation Workplan (Remediation Project #11282).

### Attachment Check List

<b>Att Doc Num</b>	<b>Name</b>
401676577	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401677198	ANALYTICAL RESULTS

401677199	TOPOGRAPHIC MAP
401704969	FORM 19 SUBMITTED

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)