

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401756539

Date Received:

09/07/2018

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

457002

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) 285-2739</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(970) 987-4650</u>
Contact Person: <u>Brett Middleton</u>		Email: <u>bmiddleton@caerusoila ndgas.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401748250

Initial Report Date: 08/29/2018 Date of Discovery: 08/28/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 8 TWP 7S RNG 94W MERIDIAN 6

Latitude: 39.458186 Longitude: -107.906388

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 413476

Spill/Release Point Name: _____ 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? 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: Clear 90

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 visit to the location, the lease operator noticed fluid coming out of the ground near the separator units. The line that failed was isolated and emergency response operations initiated immediately.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Table with 5 columns: Date, Agency/Party, Contact, Phone, Response. Row 1: 8/29/2018, Garfield County, Kirby Wynn, 970-625-5905, No response at time of reporting

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

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 [X]

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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 09/07/2018
FLUIDS BBL's SPILLED BBL's RECOVERED Unknown
OIL 0 0 []
CONDENSATE 0 0 []
PRODUCED WATER 48 0 []
DRILLING FLUID 0 0 []
FLOW BACK FLUID 0 0 []
OTHER E&P WASTE 0 0 []
specify: _____
Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO
Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit
Impacted Media (Check all that apply) [X] Soil [] Groundwater [] Surface Water [] Dry Drainage Feature
Surface Area Impacted: Length of Impact (feet): _____ Width of Impact (feet): _____
Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____
How was extent determined?
The area is still being delineated. The point of release occurred between the separators and they will have to be disconnected and removed for delineation to occur.

Soil/Geology Description:

Villa Grove-Zoltay Loams, 15 to 30 percent slopes

Depth to Groundwater (feet BGS) 176

Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest Water Well 1860 None [] Surface Water 374 None []
Wetlands None [X] Springs 2567 None []
Livestock None [X] Occupied Building 3434 None []

Additional Spill Details Not Provided Above:

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:

attn Steven Arauza

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. EHS Specialist Date: 09/07/2018 Email: bmiddleton@caerusoilandgas.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401756567	AERIAL PHOTOGRAPH
401756569	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)