

State of Colorado  
Oil and Gas Conservation Commission

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Document Number:

401756539

Date Received:

09/07/2018

Spill report taken by:

Arauzo, 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>	<b>Phone Numbers</b>
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**

Date	Agency/Party	Contact	Phone	Response
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

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: 09/07/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	48	0	<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? 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)  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	<u>1860</u>	None <input type="checkbox"/>	Surface Water	<u>374</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	<u>2567</u>	None <input type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	<u>3434</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

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### 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

### COA Type

### Description

	In the form 19 subsequent, please identify the root cause of the failure and explain how reoccurrence on this flowline and the other flowlines associated with 17 wells on this pad will be prevented.
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401756539	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401756567	AERIAL PHOTOGRAPH
401756569	TOPOGRAPHIC MAP
401759081	FORM 19 SUBMITTED

Total Attach: 4 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	eForm 27 Site Investigation and Remediation Workplan, document #401756576, was received on 9/7/2018.	09/11/2018

Total: 1 comment(s)