

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:

401905874

Date Received:

01/15/2019

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

460722

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) 285-9606</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Jake Janicek</u>		Mobile: <u>(970) 778-2314</u>
		Email: <u>jjanicek@caerusoilandgas.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401905874

Initial Report Date: 01/15/2019 Date of Discovery: 01/14/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 27 TWP 7S RNG 96W MERIDIAN 6

Latitude: 39.403993 Longitude: -108.099484

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

Reference Location:

Facility Type: PIPELINE

☐ Facility/Location ID No _____

Spill/Release Point Name: Basin Pipeline WC-4 Vault 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? 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): >=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: Sunny, 35 Degrees

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):

On January 14th, 2019, Caerus Gas Control received a call from a Summit Midstream operator reporting a "significant amount" of water was being released from the Basin Pipeline WC-4 Vault behind the Orchard Compressor station. A section of 3/8 inch tubing connecting the pipeline to a transducer failed at the point of connection. The Basin pipeline was immediately isolated between valves both up and down gradient of the vault while vac trucks began recovering free standing fluid. An environmental assessment is currently underway.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/14/2019	COGCC	Steven Arauza	720-498-5298	Phone, Email, On-site Inspection 1/15/2019
1/15/2019	CDPHE	Anne Nedro	877-518-5608	Phone
1/15/2019	Garfield County	Kirby Wynn	970-685-5905	Phone - 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: _____

OPERATOR COMMENTS:

--

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: 01/15/2019 Email: jjanicek@caerusoilandgas.com

COA Type	Description
	Delineate horizontal and vertical extent of impacted areas and remediate impacts to Table 910-1 standards. Provide delineation and remediation plan with implementation schedule via an eForm 27 Initial Site Investigation and Remediation Workplan. Supporting documentation must include a figure showing spill area with sample locations and laboratory results.
	In addition to information and attachments specified in Rule 906.b, provide the following via eForm 19 Supplemental Report(s): 1) Documentation of notice to surface owner 2) Estimated volumes of fluids released and recovered 3) Analytical results and sample location diagrams for water and soil samples

Attachment Check List

Att Doc Num	Name
401905874	SPILL/RELEASE REPORT(INITIAL)
401907540	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Environmental	Operator indicated via phone on 1/16/2019 that notice was provided to the surface owner (Powell, Tipping, & Patterson) on the discovery date for this incident (1/14/2019).	01/16/2019

Total: 1 comment(s)