

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:

Arauzo, 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>	<b>Phone Numbers</b>
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>		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# 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)