

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:

402062743

Date Received:

06/03/2019

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

464855

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: CAERUS PICEANCE LLC	Operator No: 10456	Phone Numbers Phone: (970) 285.2739 Mobile: (970) 987.4650 Email: bmiddleton@caerusoila.ndgas.com
Address: 1001 17TH STREET #1600		
City: DENVER	State: CO Zip: 80202	
Contact Person: Brett Middleton		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402062743

Initial Report Date: 06/03/2019 Date of Discovery: 06/03/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 27 TWP 5S RNG 95W MERIDIAN 6

Latitude: 39.578822 Longitude: -108.032614

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 335806

Spill/Release Point Name: P27 Flowline 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? No

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): Unknown

Estimated Produced Water Spill Volume(bbl): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): Unknown

Estimated Drilling Fluid Spill Volume(bbl): Unknown

Specify:

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: Sunny

Surface Owner: FEE Other(Specify): Caerus Piceance LLC

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 lease operator identified a leak on the P27 location after the wells were shut in and during AVO inspections. The pipeline was reported to have a pin hole releasing gas and liquid. The location has been sampled to determine if additional remediation will be required. excavated soils have been removed via a hydrovac and brought to the North Solids Facility and soils removed with the excavator have been stockpiled adjacent to the point of release.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/3/2019	Garfield	Kirby Wynn	970-625.5905	email

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: <u>Brett Middleton</u>
Title: <u>Sr. EHS Specialist</u>	Date: <u>06/03/2019</u> Email: <u>bmiddleton@caerusoilandgas.com</u>

<u>COA Type</u>	<u>Description</u>
	Assess nature and extent of contamination with confirmation soil samples.
	The operator shall comply with Rule 910.b.3.
	Additional information required by Rule 906.b shall be submitted on a supplemental spill report no later than ten days after discovery (6/3/2019).
	In the Supplemental eForm 19, please identify the root cause of the failure and explain how reoccurrence on this flowline and the other flowlines associated with this pad will be prevented.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402062743	SPILL/RELEASE REPORT(INITIAL)
402063772	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)