

# 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:

402071338

Date Received:

06/11/2019

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

464855

## 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: CAERUS PICEANCE LLC

Operator No: 10456

#### Phone Numbers

Address: 1001 17TH STREET #1600

Phone: (970) 285-2720

City: DENVER

State: CO

Zip: 80202

Mobile: (970) 778-2314

Contact Person: Jake Janicek

Email: jjanicek@caerusoilandgas.com

### 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): &gt;=1 and &lt;5

Estimated Other E&amp;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**

Date	Agency/Party	Contact	Phone	Response
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: \_\_\_\_\_

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 06/11/2019		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" 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, <b>including walls &amp; floor regardless of construction material</b> , must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> 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?			
Extent is still being determined.			
Soil/Geology Description:			
Rock outcrop-Torriorthents complex, very steep			
Depth to Groundwater (feet BGS) 50		Number Water Wells within 1/2 mile radius: 0	
If less than 1 mile, distance in feet to nearest		Water Well _____ None <input checked="" type="checkbox"/>	Surface Water 300 None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

A sample was collected on 6/3/2019 from soil at the point of release and submitted for laboratory analysis of analytes listed in COGCC Table 910-1. Results have not been reported yet.

## CORRECTIVE ACTIONS

#1 Supplemental Report Date: 06/11/2019

Cause of Spill (Check all that apply) ☐ Human Error ☒ Equipment Failure ☐ Historical-Unknown  
☐ Other (specify) \_\_\_\_\_

Describe Incident & Root Cause (include specific equipment and point of failure)

Internal corrosion

Describe measures taken to prevent the problem(s) from reoccurring:

We plan to continue to evaluate our chemical program. Also, all future flowline installs are to incorporate 3" diameter pipe instead of 2".

Volume of Soil Excavated (cubic yards): \_\_\_\_\_

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment  
☐ Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): \_\_\_\_\_

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

## 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:

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 Specialist Date: 06/11/2019 Email: jjanicek@caerusoilandgas.com

## COA Type

## Description

## Attachment Check List

### Att Doc Num

### Name

402071396	TOPOGRAPHIC MAP
-----------	-----------------

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)