

State of Colorado
Oil and Gas Conservation Commission

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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	Mobile: (970) 778-2314
Zip: 80202		Email: jjanicek@caerusoilandgas.com
Contact Person: Jake Janicek		

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

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		
FLUIDS	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, 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) <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

	Delineate horizontal and vertical extent of impacted area and remediate impacts to Table 910-1 standards. Provide documentation in either a Supplemental F-19 if cleaned up immediately and/or F-27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results
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Attachment Check List

Att Doc Num	Name
402071338	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402071396	TOPOGRAPHIC MAP

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)