

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:

Arauzo, 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: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>	<b>Phone Numbers</b>
Address: <u>1001 17TH STREET #1600</u>		Phone: <u>(970) 285-2720</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# 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)  Soil  Groundwater  Surface Water  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	<u>300</u>	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

<u>COA Type</u>	<u>Description</u>
	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

### Attachment Check List

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

402072333

FORM 19 SUBMITTED

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)