

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:

402137160

Date Received:

08/08/2019

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

466606

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>	Phone Numbers
Address: <u>1001 17TH STREET #1600</u>		Phone: <u>(970) 285-2720</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 778-2314</u>
Zip: <u>80202</u>		Email: <u>jjanicek@caerusoilandgas.com</u>
Contact Person: <u>Jake Janicek</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402137160

Initial Report Date: 08/07/2019 Date of Discovery: 08/06/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWSW SEC 19 TWP 5S RNG 95W MERIDIAN 6

Latitude: 39.599413 Longitude: -108.106305

Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 335635

Spill/Release Point Name: L19-595 Dumpline ☐ 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): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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: Clear 85

Surface Owner: FEE Other(Specify): Caerus

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):

During a routine site visit, a dumlaine leak was observed near the production separators.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/7/2019	Garfield County	Kirby Wynn	970-625-5905	No response at time of reporting
8/7/2019	COGCC	Steven Arauza	303-894-2100	Discussed project on phone

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 Specialist Date: 08/08/2019 Email: jjanicek@caerusoilandgas.com

COA Type

Description

	In the Supplemental eForm 19, 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.
	Delineate horizontal and vertical extent of impacted area and remediate impacts to Table 910-1 standards. Provide documentation in either a Supplemental eForm 19 if cleaned up immediately and/or Initial eForm 27 if additional site investigation and remediation is required. Documentation must include a figure showing spill area with sample locations plus laboratory results.
	Assess nature and extent of contamination with confirmation soil samples.
	Additional information required by Rule 906.b shall be submitted on a supplemental spill report no later than ten days after discovery (8/6/2019).

Attachment Check List

Att Doc Num

Name

402137160	SPILL/RELEASE REPORT(INITIAL)
402139297	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Environmental	Reported spill/release location is approximately 350' west of Middle Fork Parachute Creek.	08/09/2019
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Total: 1 comment(s)