

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:

402145049

Date Received:

08/15/2019

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

466606

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

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: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 08/15/2019

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?

The extent is still being determined.

Soil/Geology Description:

Rock outcrop, Torriorthents complex, very steep

Depth to Groundwater (feet BGS) 98 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well 3624 None ☐ Surface Water 383 None ☐

Wetlands 383 None ☐ Springs _____ None ☒

Livestock _____ None ☒Occupied Building _____ None ☒

Additional Spill Details Not Provided Above:

After daylighting the dumpline header along the east side of the production separators, the northern-most dumpline was found to be the failed line. A hole formed along the 90 degree elbow about five feet east of the northern-most separator house. A soil sample was collected from soil beneath the failed portion of line on 8/8/2019. Analytical results of this soil sample will be attached to the next form submittal.

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:

The nearest water well that was actually constructed appears to be a well identified by Permit # 164780 constructed by Exxon Coal and Minerals Co. and is 3,624 feet to the north. The value for depth to groundwater listed on this form was taken from the construction details listed for this well.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Jake JanicekTitle: EHS Specialist Date: 08/15/2019 Email: jjanicek@caerusoilandgas.com**COA Type****Description**

	Comply with COAs listed on previous eForm 19 (doc #402137160).
	Submit of 8/8/2019 soil sampling event (soil sample location diagram, analytical summary table, and complete laboratory reports) via a Supplemental eForm 19.

Attachment Check List**Att Doc Num****Name**

402145049	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402145050	TOPOGRAPHIC MAP
402151011	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)