

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:

402192139

Date Received:

09/27/2019

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

468366

### 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>	<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# 402192139

Initial Report Date: 09/27/2019 Date of Discovery: 09/26/2019 Spill Type: Recent Spill

##### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 10 TWP 5S RNG 96W MERIDIAN 6

Latitude: 39.627333 Longitude: -108.156009

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

##### Reference Location:

Facility Type: FLOWLINE  Facility/Location ID No 335676

Spill/Release Point Name: K10-596 Gas Lift 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): Unknown

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 75

Surface Owner: FEE Other(Specify): \_\_\_\_\_

##### 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 gas lift flowline leak was identified during a routine air emissions inspection. The failed flowline was depressurized and shut in. A soil sample was collected from soil beneath the failed flowline on 9/27/2019.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/27/2019	Garfield Coutny	Kirby Wynn	970-625-5905	None at time of reporting

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: 09/27/2019 Email: jjanicek@caerusoilandgas.com

**COA Type**

**Description**

	The operator has stated in this document that Waters of the State were not threatened or impacted as a result of this spill/release. Preliminary information concerning extent of impact and proximity to the West Fork of Parachute Creek shall be submitted by October 1, 2019 to COGCC SW EPS Jim Hughes.
	The operator shall submit any information that is available concerning failure analysis, integrity/pressure testing, and any data concerning the root causes of the spill. Provide all pipeline integrity data to the COGCC Western Integrity Inspector, Richard Murray, at (970) 989-3092 or g.richard.murray@state.co.us .
	The operator shall comply with Rule 910.b.3.
	The operator shall submit a supplemental spill report within ten days of discovery of the release with all of the additional information required by Rule 906.b.1.

**Attachment Check List**

**Att Doc Num**

**Name**

402192139	SPILL/RELEASE REPORT(INITIAL)
402193119	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)