

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:

402197624

Date Received:

10/03/2019

Spill report taken by:

Hughes, Jim

Spill/Release Point ID:

468366

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

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: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 10/03/2019

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:

Nihill channery loam, 6 to 25 percent slopes

Depth to Groundwater (feet BGS) 40

Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well _____ None

Surface Water 65 None

Wetlands 65 None

Springs _____ None

Livestock _____ None

Occupied Building _____ None

Additional Spill Details Not Provided Above:

Depth to groundwater is estimated based on topography.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/03/2019

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)

Bad weld

Describe measures taken to prevent the problem(s) from reoccurring:

The failed piece of pipe is being replaced.

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:

Per COA#1 listed on the Initial Form 19 (COGCC Document ID 402192139), a conversation was held with Jim Hughes on 10/1/2019 concerning the extent of impact and proximity to the west fork of Parachute Creek.

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: 10/03/2019 Email: jjanicek@caerusoilandgas.com

COA Type

Description

	Per Rule 909.b.2. sampling and analysis shall be conducted to determine the horizontal and vertical extent of the release.
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Attachment Check List

Att Doc Num	Name
402197624	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402197688	TOPOGRAPHIC MAP
402201194	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)