

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:

402313032

Date Received:

02/14/2020

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

471230

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>	Phone Numbers
Address: <u>1001 17TH STREET #1600</u>		Phone: <u>(970) 285-2925</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 640-6919</u>
Zip: <u>80202</u>		Email: <u>brollins@caerusoilandgas.com</u>
Contact Person: <u>Blair Rollins</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402306262

Initial Report Date: 02/07/2020 Date of Discovery: 02/06/2020 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 7 TWP 8S RNG 95W MERIDIAN 6

Latitude: 39.379414 Longitude: -108.032744

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

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 334157

Spill/Release Point Name: 7G Tank

☐ No Existing Facility or Location ID No.

Number: Tank 77

☐ 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? No

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? Yes

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): >=5 and <100

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: Snowy

Surface Owner: FEDERAL

Other(Specify): BLM

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):

The Caerus lease operator for this location suspected tank integrity issues with Tank 77 on the 7G pad. The lease operator conducted a static fluid level test and confirmed the tank was losing fluids into the lined secondary containment on the location. Once the integrity issue was identified, all fluids inside the tank were transferred to other available tanks in the secondary containment, and the tank was taken out of service. Caerus estimates the loss of fluid from the tank into the secondary containment to be approximately 10 barrels. Caerus will conduct an assessment of the tank and provide root cause information to the COGCC when available. Caerus will remove all standing liquid inside the secondary containment and reintroduce it into the water handling system.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/6/2020	COGCC	Steven Arauza	720-498-5298	Left voicemail
2/6/2020	BLM	Wesley Toews	970-876-9067	Left voicemail
2/7/2020	Garfield County Liaison	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: _____

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	02/14/2020
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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)

Caerus will assess the root cause of the release once snow and ice conditions dissipate allowing for safe cleaning and access to the inside of the tank.

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

Caerus will assess the nature of the tank failure and determine a process to prevent the problem from reoccurring.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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:

Caerus is waiting for winter weather conditions to dissipate to allow for capture and removal of all spilled liquid inside the secondary

containment, cleaning of the tank to determine the root cause and measures to prevent reoccurrence of the incident, and to assess the integrity of the secondary containment liner. Caerus will provide an update to the COGCC once weather conditions allow for these activities to be completed.

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

Signed: _____ Print Name: Blair Rollins
Title: EHS Specialist Date: 02/14/2020 Email: brollins@caerusoilandgas.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402313037	TOPOGRAPHIC MAP
402313039	AERIAL PHOTOGRAPH

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)