

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:

402355634

Date Received:

03/30/2020

Spill report taken by:

Spill/Release Point ID:

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: CAERUS PICEANCE LLC	Operator No: 10456	Phone Numbers
Address: 1001 17TH STREET #1600		Phone: (970) 285-2925
City: DENVER State: CO Zip: 80202		Mobile: (970) 640-6919
Contact Person: Blair Rollins		Email: brollins@caerusoilandgas.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402355634

Initial Report Date: 03/30/2020 Date of Discovery: 03/28/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NESW SEC 22 TWP 4S RNG 96W MERIDIAN 6

Latitude: 39.685263 Longitude: -108.156528

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: GAS GATHERING PIPELINE SYSTEM Facility/Location ID No

Spill/Release Point Name: K22 CDP Well API No. (Only if the reference facility is well) 05- -

No Existing Facility or Location ID No.

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? 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): 0

Estimated Other E&P Waste Spill Volume(bbl): >=5 and <100 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: 20 barrels of filtered produced water

Land Use:

Current Land Use: NON-CROP LAND Other(Specify):

Weather Condition: Cloudy

Surface Owner: FEE Other(Specify): Caerus Oil and Gas

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 Caerus compressor operator was returning the K22 CDP back to production due to an ESD on location. While supervising the start-up, the operator noticed the separator level was going down and went to investigate. He identified the gasket on a filter pot had blown out and was spilling filtered produced water into the filter pot skid and onto the location. The operator immediately shut everything down and contacted a water truck to remove the fluids spilled from the filter pot. The water truck recovered 20 barrels of filtered produced water, approximately 10 barrels was contained in the filter skid and 10 barrels was found on the location surface.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/28/2020	BLM WRFO	Tim Barrett	970-878-9940	Took report, waiting for NTL-3A
3/28/2020	COGCC	Steven Arauza	720-498-5298	Voicemail
3/30/2020	Garfield County	Kirby Wynn	970-625-5905	Email

Was there a Grade 1 Gas Leak? Yes No

If YES, enter the Document Number of the Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes No

OPERATOR COMMENTS:

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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: 03/30/2020 Email: brollins@caerusoilandgas.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)