

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:

402370623

Date Received:

04/14/2020

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) 309 6339 |
| City: DENVER State: CO Zip: 80202 | | Mobile: () |
| Contact Person: rory birdsey | | Email: rorybirdsey@caerusoila ndgas.com |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402370623

Initial Report Date: 04/14/2020 Date of Discovery: 04/14/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR swnw SEC 34 TWP 4s RNG 96w MERIDIAN 6

Latitude: 39.660081 Longitude: -108.160581

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 431959

Spill/Release Point Name: E34 frac pad 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): >=5 and <100 |
| Estimated Other E&P Waste Spill Volume(bbl): 0 | Estimated Drilling Fluid Spill Volume(bbl): 0 |

Specify: produced water for fracing

Land Use:

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

Weather Condition: partly cloudy with 5 - 7 mph winds

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):

cal frac had a 4" 1002 tee pipeing fail which cause a release of 20-25 bbl on secondary containment and 3-5 bbl out of secondary containment. water truck on location recovered standing fuilid on location.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|-----------------|---------------|---------------|-----------------|
| 4/14/2020 | COGCC | Steven Arauza | 720-498-5298 | initial form 19 |
| 4/14/2020 | BLM | Tim Barrett | 970-878- 9940 | Initial form 19 |
| 4/14/2020 | Garfield County | Kirby Wynn | 970-987-2557 | Initial form 19 |

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: rory birdsey

Title: LDAR Tech Date: 04/14/2020 Email: rorybirdsey@caerusoilandgas.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|--|--|
| | |
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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)