

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:

402368627

Date Received:

04/13/2020

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

475449

**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) 309 6339</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>rory birdsey</u>		Mobile: <u>( )</u>
		Email: <u>rorybirdsey@caerusoila ndgas.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 402368627

Initial Report Date: 04/13/2020 Date of Discovery: 04/13/2020 Spill Type: Recent Spill

**Spill/Release Point Location:**

QTRQTR swnw SEC 9 TWP 6s RNG 96w MERIDIAN 6

Latitude: 39.539307 Longitude: -108.118518

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

**Reference Location:**

Facility Type: FLOWLINE SYSTEM  Facility/Location ID No 335856

Spill/Release Point Name: E09 10D-697 flowline release  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? 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: partly cloudy with 5mph 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):

flow line failed pressure test beening investigated.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/13/2020	Cogcc	Steven Arauza	720-498-5298	voicemail
4/13/2020	Garfield county	Kirby wynn	970-987- 2557	submit 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:**

\_\_\_\_\_

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: 04/13/2020 Email: rorybirdsey@caerusoilandgas.com

**COA Type**

**Description**

	Operator shall collect a representative fluids sample from the source of released fluids. The representative sample shall be analyzed for the analytes listed under Rule 609.e.(2), except for dissolved gases and bacteria. Submit analytical results via a Supplemental eForm 19.
	Delineate horizontal and vertical extent of impacted area and remediate impacts to Table 910-1 standards. Provide documentation in either a Supplemental eForm 19 if cleaned up immediately and/or Initial eForm 27 if additional site investigation and remediation is required OR if groundwater is encountered during cleanup operations. Documentation must include a figure showing spill area with sample locations plus laboratory results.
	In the Supplemental eForm 19, identify the root cause of the failure and explain how reoccurrence on this flowline and the other flowlines associated with this pad will be prevented, per Rule 906.d.(2). Operator shall coordinate with COGCC Western Integrity Inspector, Richard Murray, regarding flowline excavation, assessment, and repair.
	Assess nature and extent of contamination with confirmation soil samples. The operator shall comply with Rule 910.b.(3) for collection of soil samples. The operator shall notify the COGCC and comply with Rule 910.b.(4) if groundwater is encountered during cleanup operations.
	Additional information required by Rule 906.b shall be submitted on a supplemental spill report no later than ten days after discovery (reported Discovery Date: 04/13/2020).  Operator shall specify the type of flowline, depth of flowline, and contents of flowline on the Supplemental eForm 19.

**Attachment Check List**

**Att Doc Num**      **Name**

402368627	SPILL/RELEASE REPORT(INITIAL)
402371183	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Environmental	Reported spill location is ~400' east of Granlee Ditch and ~1,200' east of Parachute Creek.	04/15/2020
Environmental	Updated Facility Type from WELL to FLOWLINE SYSTEM, based on information contained in this report.	04/15/2020

Total: 2 comment(s)