

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:

402436778

Date Received:

07/02/2020

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

477097

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

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402432944

Initial Report Date: 06/26/2020 Date of Discovery: 06/26/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NWSW SEC 16 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.519440 Longitude: -108.122330

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

#### Reference Location:

Facility Type: PIPELINE  Facility/Location ID No 335206

Spill/Release Point Name: Unocal 1 dumpline 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: sunny clear

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):

Dumpline pressure testing failed, the pipeline has not been excavated to date and the volume of spill is currently undetermined. Once the pipeline is excavated a volume will be generated through calculation if possible and a point of release sample will be collected to assess potential impacts.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/26/2020	COGCC	Steven Arauza	720-498.5298	shared information
6/26/2020	Garfield Co	Kirby Wynn	970-625.5905	emailed form 19
6/26/2020	landowner	Caerus	-	

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

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/02/2020		
<b>FLUIDS</b>	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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> 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?			
Caerus immediately shut in the well which failed the pressure test. Caerus is waiting on field operations to allow for identification of the point of release from the dumpline spill. Please note the exact location of the spill isn't represented on the attached aerial and topographic maps. Once excavation and identification is conducted, assessment of contamination at the point of release will be conducted to include soil sampling.			
Soil/Geology Description:			
Rock outcrop - Torriorthents complex, very steep. Map unit symbol 62.			

Depth to Groundwater (feet BGS) 200 Number Water Wells within 1/2 mile radius: 0  
 If less than 1 mile, distance in feet to nearest Water Well 2950 None  Surface Water 2500 None   
 Wetlands 2500 None  Springs        None   
 Livestock 2500 None  Occupied Building 3450 None

Additional Spill Details Not Provided Above:

### 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:**

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: 07/02/2020 Email: brollins@caerusoilandgas.com

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

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402436856	AERIAL PHOTOGRAPH
402436864	TOPOGRAPHIC MAP

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)