

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:

402453780

Date Received:

07/27/2020

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

477494

### 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>(720) 951-5895</u>
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>
Contact Person: <u>Romana Cowden</u>		Mobile: <u>( )</u>
		Email: <u>rcowden@caerusoilandgas.com</u>

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402453780

Initial Report Date: 07/27/2020 Date of Discovery: 07/27/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NENE SEC 23 TWP 5S RNG 96W MERIDIAN 6

Latitude: 39.601691 Longitude: -108.140371

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

#### Reference Location:

Facility Type: FLOWLINE SYSTEM  Facility/Location ID No 335667

Spill/Release Point Name: 6D-23 Flowline  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): >=5 and <100

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: 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):

Leak was discovered during well trending by Caerus personnel. Further investigation is being completed to determine cause and extent. Spill is not visible from well pad surface.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
7/27/2020	COGCC	Steven Arauza	303-894-2100	Left message
7/27/2020	BLM	Jim Byers	970-319-2532	Email notification
7/27/2020	BLM	Wesley Toews	970-876-9000	Email notification
7/27/2020	Garfield County	Kirby Wynn	970-625-5905	Email notification

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: Romana Cowden

Title: EHS Date: 07/27/2020 Email: rcowden@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: 07/27/2020).

**Attachment Check List**

**Att Doc Num**      **Name**

402453780	SPILL/RELEASE REPORT(INITIAL)
402456566	FORM 19 SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)