

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:

402462269

Date Received:

08/07/2020

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	<b>Phone Numbers</b>
Address: 1001 17TH STREET #1600		Phone: (970) 2852755
City: DENVER State: CO Zip: 80202		Mobile: (970) 2162557
Contact Person: Reed Koeneke		Email: rkoeneke@caerusoilandgas.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402462269

Initial Report Date: 08/07/2020 Date of Discovery: 08/04/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENW SEC 28 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.501061 Longitude: -108.117583

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: WELL PAD  Facility/Location ID No 335200

Spill/Release Point Name:  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): 0
Estimated Flow Back Fluid Spill Volume(bbl): 0	Estimated Produced Water Spill Volume(bbl): >=1 and <5
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, Dry and Hot

Surface Owner: FEE Other(Specify):

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):

The lease operator detected a flowline failure via trending. He shut in the well and reported the event. The trending estimates the volume at 1.25 BBLs.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/4/2020	COGCC	Steven Arauza	720-4985298	left voicemail
8/4/2020	Garfield COunty	Kirby Wynn	970-9872557	acknowledged event
8/4/2020	Landowner		-	acknowledge event

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:**

See description

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Reed Koeneke

Title: EHS safety specialist      Date: 08/07/2020      Email: rkoeneke@caerusoilandgas.com

**COA Type**

**Description**

<b>COA Type</b>	<b>Description</b>

**Attachment Check List**

**Att Doc Num**

**Name**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)