

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402472811

Date Received:

08/21/2020

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

477656

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>	Phone Numbers
Address: <u>1001 17TH STREET #1600</u>		Phone: <u>(970) 778-2314</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(970) 778-2314</u>
Contact Person: <u>Jake Janicek</u>		Email: <u>jjanicek@caerusoilandgas.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402464383

Initial Report Date: 08/11/2020 Date of Discovery: 08/11/2020 Spill Type: Historical Release

Spill/Release Point Location:

QTRQTR SENW SEC 25 TWP 4S RNG 96W MERIDIAN 6

Latitude: 39.674478 Longitude: -108.119469

Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: WELL Facility/Location ID No 415182
 Spill/Release Point Name: F25-499 Flowline Release 15C-24 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>Unknown</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____
 Weather Condition: Clear sunny
 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):

Operations was conducting quarterly pressure testing of the F25-496 flowlines. The 15C-24 well flowline failed pressure test, the operator was able to identify the approximate failure point with the use of his gas monitor. The site will be hydroexcavated to expose the failure point and repairs and remediation will begin. Trending is being conducted to attempt to identify the failure date and volume of the release.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/11/2020	COGCC	Steven Arauza	720-894.5298	verbal notification
8/11/2020	Garfield Co	Kirby Wynn	970-987.2557	email
8/11/2020	BLM	Tim Barrett	970-878.9940	email

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: 08/21/2020			
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input 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?	NO	Was an Emergency Pit constructed?	NO	
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit				
Impacted Media (Check all that apply)	<input checked="" 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?				
Laboratory analytical and field observations				
Soil/Geology Description:				
Parachute-Rhone loams, 5 to 30 percent slopes				

A COA listed on the Initial Form 19 for this release requested that a representative fluid sample be collected from the well associated with the failed flowline. Caerus requests relief from this COA due to the technical infeasibility associated with the failed flowline being part of a three-phase process system that is connected directly into a three-phase pipeline instead of a production tank. Under this process system, a sufficient amount of sample fluid would not be able to be collected to fulfill the requirement.

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

Signed: _____ Print Name: Jake Janicek
 Title: EHS Specialist Date: 08/21/2020 Email: jjanicek@caerusoilandgas.com

<u>COA Type</u>	<u>Description</u>
	Based on review of information presented it appears that no further action is necessary at this time, and COGCC approves the closure request. However, should future conditions at the site indicate contaminant concentrations in soils exceeding COGCC standards or if surface and/or ground water is found to be impacted, then further investigation and/or remediation activities will be required at the site.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402472811	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402472812	SITE MAP
402472815	ANALYTICAL RESULTS
402472816	ANALYTICAL RESULTS
402472821	ANALYTICAL RESULTS
402472829	TOPOGRAPHIC MAP
402477523	FORM 19 SUBMITTED

Total Attach: 7 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Operator's request to address pH exceedance in soil stockpile sample (9.07) per guidelines outlined in FAQ 32 is conditionally approved.	08/28/2020
Environmental	Operator's request for relief from the representative fluids sampling COA is conditionally approved based on information provided by the Operator.	08/28/2020
Environmental	Based on the information provided for arsenic background sampling, the Operator's request for consideration of arsenic background concentrations in exceedance of Table 910-1 is conditionally approved.	08/28/2020

Total: 3 comment(s)