

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:

402477865

Date Received:

08/29/2020

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) 812-7560              |
| City: DENVER State: CO Zip: 80202     |                    | Mobile: (970) 812-7560             |
| Contact Person: Kathy Vertiz          |                    | Email: kvertiz@caerusoilandgas.com |

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 402477865

Initial Report Date: 08/29/2020 Date of Discovery: 08/28/2020 Spill Type: Recent Spill

**Spill/Release Point Location:**

QTRQTR NWSE SEC 1 TWP 7S RNG 97W MERIDIAN 6

Latitude: 39.473544 Longitude: -108.166350

Municipality (if within municipal boundaries): County: GARFIELD

**Reference Location:**

Facility Type: WELL PAD  Facility/Location ID No \_\_\_\_\_  
 Spill/Release Point Name: Dump Line Failure  Well API No. (Only if the reference facility is well) 05-045-08924  
 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): Unknown |
| Estimated Other E&P Waste Spill Volume(bbl): 0 | Estimated Drilling Fluid Spill Volume(bbl): 0       |

Specify: Unknown volume at this time, at least 1 bbl outside of containment

**Land Use:**

Current Land Use: NON-CROP LAND Other(Specify): Rangeland  
 Weather Condition: Cloudy  
 Surface Owner: FEE Other(Specify): Puckett

**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):

Dump Line failure identified during Pressure Test.

**List Agencies and Other Parties Notified:**

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:**

Dump Line failure identified during Pressure Testing.

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

Signed: \_\_\_\_\_ Print Name: Kathy Vertiz

Title: Contract EHS Specialist Date: 08/29/2020 Email: kvertiz@caerusoilandgas.com

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
|                 |                    |

**Attachment Check List**

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
|                    |             |

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)