

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:

402494162

Date Received:

09/21/2020

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

478003

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# 402488517

Initial Report Date: 09/14/2020 Date of Discovery: 09/12/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENW SEC 4 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.561600 Longitude: -108.111500

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 311638
 Spill/Release Point Name: C04 696 24C 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</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
 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 while completing a pressure test. He shut in the well and reported the event. Samples will be collected to determine verticle and horizontal definition.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/12/2020	COGCC	Steven Arauza	720-4985298	Left voicemail
9/14/2020	Garfield County	KirbyWynn	970-9872557	Sent 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:	09/21/2020		
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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<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 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?				
Extent is still being determined.				
Soil/Geology Description:				
Nihill channery loam, 6 to 25 percent slopes				
Depth to Groundwater (feet BGS)		150	Number Water Wells within 1/2 mile radius: 0	

If less than 1 mile, distance in feet to nearest

Water Well	2910	None	<input type="checkbox"/>	Surface Water	719	None	<input type="checkbox"/>
Wetlands		None	<input checked="" type="checkbox"/>	Springs		None	<input checked="" type="checkbox"/>
Livestock		None	<input checked="" type="checkbox"/>	Occupied Building		None	<input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Documentation provided to the landowner is attached to this document.

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:

Water well identified by Colorado Department Water Resources Permit # 39020-MH does not exist.

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: 09/21/2020 Email: jjanicek@caerusoilandgas.com

COA Type

Description

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Attachment Check List

Att Doc Num	Name
402494162	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402494165	TOPOGRAPHIC MAP
402494167	OTHER
402495889	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
Environmental	Comply with COAs listed on doc #402488517.	09/23/2020

Total: 1 comment(s)