

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:

402511354

Date Received:

10/14/2020

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

478366

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> | 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# 402511354

Initial Report Date: 10/14/2020 Date of Discovery: 10/13/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNW SEC 27 TWP 5S RNG 95W MERIDIAN 6

Latitude: 39.590252 Longitude: -108.047173

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

Reference Location:

Facility Type: OIL AND GAS LOCATION Facility/Location ID No 335574

Spill/Release Point Name: D27-595 (5A-27) Flowline Release 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): >0 and <1

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: Clear 60

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):

A flow line failure was discovered during the routine daily trending of production data. The flow line that failed was connected to the 5A-27 well's wellhead. In order to confirm the failure, the lease operator pressure tested the line. The line lost pressure during the test. The line has been isolated and we are no longer producing fluids through it.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|------------|-----------------|---------------|-------|---------------------|
| 10/13/2020 | COGCC | Steven Arauza | - | Discussed on Phone |
| 10/13/2020 | Garfield County | Kirby Wynn | - | Responded via 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

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: Jake Janicek
 Title: EHS Specialist Date: 10/14/2020 Email: jjanicek@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. |
| | Submit documentation that notice was provided to the surface owner per Rule 906.b.(7) via a Supplemental eForm 19. |
| | 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: 10/13/2020). |

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|-------------------------------|
| 402511354 | SPILL/RELEASE REPORT(INITIAL) |
| 402512430 | FORM 19 SUBMITTED |

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)