

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:

402523323

Date Received:

11/02/2020

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>	<b>Phone Numbers</b>
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): 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: \_\_\_\_\_

#### 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 vertical 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

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/02/2020

Root Cause of Spill/Release Corrosion

Other (specify) \_\_\_\_\_

Type of Equipment at Point of Spill/Release: Wellhead Line

If "Other" selected above, specify or describe here:

Describe Incident & Root Cause (include specific equipment and point of failure)

The failure occurred approximately three feet south of the ninety degree elbow where the flowline transitions from an east-west orientation to a north-south orientation. This transition is approximately 12 feet south of the wellhead connected to the MF02C-4 well. The root cause was determined to be external corrosion.

Describe measures taken to prevent the problem(s) from reoccurring:

The failed piping was replaced. Daily review of production data will continue to be trended in order to catch any potential failures.

Volume of Soil Excavated (cubic yards): 10

Disposition of Excavated Soil (attach documentation)  Offsite Disposal  Onsite Treatment

Other (specify) \_\_\_\_\_

Volume of Impacted Ground Water Removed (bbls): \_\_\_\_\_

Volume of Impacted Surface Water Removed (bbls): \_\_\_\_\_

## 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: 16025

### OPERATOR COMMENTS:

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: 11/02/2020 Email: jjanicek@caerusoilandgas.com

### COA Type

### Description

<u>COA Type</u>	<u>Description</u>

### Attachment Check List

#### Att Doc Num

#### Name

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

Total Attach: 0 Files

### General Comments

#### User Group

#### Comment

#### Comment Date

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

Total: 0 comment(s)