

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402542478

Date Received:

11/30/2020

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

478636

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# 402538104

Initial Report Date: 11/23/2020 Date of Discovery: 11/21/2020 Spill Type: Recent Spill

Spill/Release Point Location:

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

Latitude: 39.561578 Longitude: -108.111816

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

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 311638

Spill/Release Point Name: C04 flowline 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>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): 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):

A flowline failed quarterly pressure testing, the operator checked all associated valves. The location of the failure has not been identified a one-call has been placed and excavation is being scheduled to attempt to identify the failure point.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/21/2020	COGCC	Steven Arauza	720-498.5298	voice and email
11/21/2020	Garfield Co	Kirby Wynn	970-987.2557	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:	11/30/2020		
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		

