

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:

402543128

Date Received:

12/01/2020

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL /w 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) 285-2925</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		Mobile: <u>(970) 640-6919</u>
Contact Person: <u>Blair Rollins</u>		Email: <u>brollins@caerusoilandgas.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402543128

Initial Report Date: 12/01/2020 Date of Discovery: 11/30/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENE SEC 8 TWP 7S RNG 94W MERIDIAN 6

Latitude: 39.458087 Longitude: -107.905718

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 413476

Spill/Release Point Name: Savage 8A tank battery 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? No

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): >=5 and <100

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 night operator identified a plumbing leak on the inlet to the gun barrel tank. All equipment was shut in and the spill was contained inside the secondary containment. Water trucks have been dispatched to the location to remove all standing liquid inside the secondary containment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/1/2020	COGCC	Steven Arauza	720-498-5298	Submitted Form 19
12/1/2020	Garfield County	Kirby Wynn	970-625-5905	Emailed Form 19
12/1/2020	Landowner	Landowner	-	Caerus Land Department notified landowner

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:	12/01/2020			
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown		
OIL	0	0	<input type="checkbox"/>		
CONDENSATE	0	0	<input type="checkbox"/>		
PRODUCED WATER	60	60	<input 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? YES Was an Emergency Pit constructed? NO

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

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) Soil Groundwater Surface Water 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?

The spilled produced water was all contained inside the recently constructed, lined secondary containment.

Soil/Geology Description:

Villa Grove-Zoltay loams, 15 to 30 % slopes

Depth to Groundwater (feet BGS) 176 Number Water Wells within 1/2 mile radius: 1
 If less than 1 mile, distance in feet to nearest Water Well 1860 None Surface Water 375 None
 Wetlands 375 None Springs 2567 None
 Livestock _____ None Occupied Building 3434 None

Additional Spill Details Not Provided Above:

All spilled liquid was captured inside the secondary containment and recovered for proper handling and disposal.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/01/2020

Root Cause of Spill/Release Corrosion
 Other (specify) _____

Type of Equipment at Point of Spill/Release: Production Line
 If "Other" selected above, specify or describe here:

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

 The root cause of the release is due to internal corrosion of the inlet piping to the gun barrel tank.

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

 The schedule 40 carbon steel piping has been taken out of service. The inlet piping will be replaced with schedule 80 carbon steel to prevent reoccurrence of the spill.

Volume of Soil Excavated (cubic yards): 0

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

Volume of Impacted Ground Water Removed (bbls): 0
 Volume of Impacted Surface Water Removed (bbls): 0

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:

The spilled fluid was all contained within the secondary containment and has been recovered for proper handling and disposal.

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

Signed: _____ Print Name: Blair Rollins
 Title: EHS Specialist Date: 12/01/2020 Email: brollins@caerusoilandgas.com

COA Type	Description

Attachment Check List

Att Doc Num

Name

402543196	AERIAL PHOTOGRAPH
402543198	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)