

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

402546594

Date Received:

12/04/2020

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

478659

## 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>	Mobile: <u>(970) 778-2314</u>
Zip: <u>80202</u>		Email: <u>jjanicek@caerusoilandgas.com</u>
Contact Person: <u>Jake Janicek</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402541392

Initial Report Date: 11/29/2020 Date of Discovery: 11/26/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR SWSE SEC 19 TWP 7S RNG 92W MERIDIAN 6Latitude: 39.425966 Longitude: -107.704800Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 431050Spill/Release Point Name: O19EB Dumpline 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Clear 60Surface 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):

Produced water was observed on the pad surface during a routine site visit. The failed line was identified as a dump line and de-energized. No fluid has left the pad surface and there is no threat of fluid leaving the pad surface.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/26/2020	Garfield County	Kirby Wynn	-	No response at time of reporting
11/26/2020	COGCC	Steven Arauza	-	No response at time of reporting
11/26/2020	Landowner		-	No response at time of reporting

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: 12/04/2020		
<b>FLUIDS</b>	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 &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" 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?			
The extent was determined through field observations. The fluid that released from the failed dumpline daylighted on the pad surface. The full extent is still being determined.			
Soil/Geology Description:			
Ascalon fine sandy loam, 6 to 12 percent slopes			

Number Water Wells within 1/2 mile radius: 2

Additional Spill Details Not Provided Above:

The failure point was daylighted on 12/2/2020 and all known impacted soil was removed. Excavation to begin repairing the failure is planned for the week of 12/7/2020. Once the excavation area is opened up enough for sample collection, a sample will be collected from the soil adjacent to the failure point.

**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.**

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project 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: 12/04/2020 Email: jjanicek@caerusoilandgas.com

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

## Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402546594	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402546595	TOPOGRAPHIC MAP
402548866	FORM 19 SUBMITTED

Total Attach: 3 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Comply with COAs listed on doc #402541392.	12/08/2020

Total: 1 comment(s)