

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:

402652613

Date Received:

04/08/2021

Spill report taken by:

Spill/Release Point ID:

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: CAERUS PICEANCE LLC | Operator No: 10456 | Phone Numbers Phone: (970) 778-2314 Mobile: (970) 778-2314 Email: jjanicek@caerusoilandgas.com |
| Address: 1001 17TH STREET #1600 | | |
| City: DENVER | State: CO Zip: 80202 | |
| Contact Person: Jake Janicek | | |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402652613

Initial Report Date: 04/08/2021 Date of Discovery: 04/05/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SENW SEC 23 TWP 5S RNG 96W MERIDIAN 6

Latitude: 39.602069 Longitude: -108.140536

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: OTHER ☒ Facility/Location ID No 335667
Spill/Release Point Name: F23-596 Water 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? 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >=1 and <5

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

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 70

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 dumphine release was discovered during a site visit. The line was isolated and de-energized.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|----------|--------------------|---------------|-------|---|
| 4/5/2021 | Landowner - Caerus | Jake Janicek | - | Internal email sent to all pertinent Caerus personnel |
| 4/5/2021 | COGCC | Steven Arauza | - | no response at time of reporting |
| 4/5/2021 | Garfield County | Kirby Wynn | - | confirmed receipt of email |
| 4/5/2021 | BLM | Wesley Toews | - | confirmed receipt of email |
| 4/5/2021 | CPW | Taylor Elm | - | 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 ☐

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: 04/08/2021 Email: jjanicek@caerusoilandgas.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment List

Att Doc Num

Name

| | |
|--|--|
| | |
|--|--|

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)