

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:

402661852

Date Received:

04/18/2021

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

479805

### 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) 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# 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 Dumlpline 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 dumpline 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

### SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/18/2021

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? NO 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): 6 Width of Impact (feet): 6

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Caerus is in the process of determining the extent of contamination associated with the project. Caerus will confirm compliance with COGCC Table 915-1 analytes through laboratory analysis.

Soil/Geology Description:

Nihill channery loam, 6 to 25 percent slopes.

Depth to Groundwater (feet BGS) 60

Number Water Wells within 1/2 mile radius: 1

If less than 1 mile, distance in feet to nearest

Water Well 265 None

Surface Water 325 None

Wetlands 325 None

Springs 1200 None

Livestock \_\_\_\_\_ None

Occupied Building \_\_\_\_\_ None

Additional Spill Details Not Provided Above:

## 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:

Caerus will comply with existing COAs outlined on COGCC document # 402652613 on supplemental eForm 19 documents or eForm 27 documents in the future.

Point of release located at:

Latitude: 39.601643

Longitude: -108.140376

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: 04/18/2021 Email: brollins@caerusoilandgas.com

### COA Type

### Description

COA Type	Description

## Attachment List

### Att Doc Num

### Name

402661854	AERIAL IMAGE
402661855	TOPOGRAPHIC MAP

Total Attach: 2 Files

## General Comments

### User Group

### Comment

### Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)