

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:

402661860

Date Received:

04/18/2021

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

479806

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) 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# 402652654

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: 39.601650 Longitude: -108.140369

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

Reference Location:

Facility Type: OTHER Facility/Location ID No 335667

Spill/Release Point Name: F23-596 (14A-23) Flowline 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): 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 release from the flowline associated with the 14A-23 well was discovered through routine production trending.

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? <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 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):	15	Width of Impact (feet):	4
		Depth of Impact (feet BGS):	6	Depth of Impact (inches BGS):	_____
How was extent determined?					
Caerus is in the process of determining the extent of contamination associated with this spill and will confirm it through laboratory analysis of COGCC Table 915-1 standards.					

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 240 None

Surface Water 275 None

Wetlands 275 None

Springs 1305 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:

This spill point of release location is as follows:

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

Condition of Approval

COA Type

Description

0 COA

Attachment List

Att Doc Num

Name

402661860	SPILL/RELEASE REPORT(SUPPLEMENTAL)
402661861	AERIAL IMAGE
402661862	TOPOGRAPHIC MAP
402664360	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

Environmental	Comply with COAs listed on doc #402652654.	04/20/2021
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Total: 1 comment(s)