

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402703891

Date Received:

05/28/2021

Spill report taken by:

Araza, 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: CAERUS PICEANCE LLC	Operator No: 10456	Phone Numbers
Address: 1001 17TH STREET #1600		Phone: (970) 285-2925
City: DENVER State: CO Zip: 80202		Mobile: (970) 640-6919
Contact Person: Blair Rollins		Email: brollins@caerusoilandgas.com

☐ Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

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

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

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.

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: _____

Has the subject Spill/Release been controlled at the time of reporting? _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Clear 70

Surface Owner: FEE

Other(Specify): _____

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 of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
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

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

_____ Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: _____ Public Water System: _____

Residence or Occupied Structure: _____ Livestock: _____

Wildlife: _____ Publicly-Maintained Road: _____

_____ Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

_____ Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

_____ Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery _____ (HH:MM)

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? _____

Enter the Document Number of the Initial Accident Report, Form 22 _____

Was there damage during excavation? _____

Was CO 811 notified prior to excavation? _____

_____ Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): _____

Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

- ☐ The presence of free product or hydrocarbon sheen Surface Water
☐ The presence of free product or hydrocarbon sheen on Groundwater
☐ The presence of contaminated soil in contact with Groundwater
☐ The presence of contaminated soil in contact with Surface water

Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylight from the subsurface.

Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.

- ☐ Areas offsite of Oil & Gas Location ☐ Off-Location Flowline right of way

Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.

Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 05/28/2021		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	3	0	<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? 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): _____ Width of Impact (feet): _____

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

The extent of contamination was excavated and confirmed through confirmation soil sampling for COGCC Table 915-1 standards. The extent of contamination and soil sample results are presented on the attached Report of Work Completed prepared by Confluence Compliance Company.

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	<u>240</u>	None <input type="checkbox"/>	Surface Water	<u>275</u>	None <input type="checkbox"/>
Wetlands	<u>275</u>	None <input type="checkbox"/>	Springs	<u>1305</u>	None <input type="checkbox"/>
Livestock		None <input checked="" type="checkbox"/>	Occupied Building		None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

The volume of spilled material was estimated based on the volume of impacted soil that was excavated from the spill. The spill was estimated at 3 barrels based on the 25 cubic yards of soil which was excavated to determine compliance with COGCC Table 915-1 standards. The actual volume of spilled fluid could not be identified based on trending data.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 05/28/2021

Root Cause of Spill/Release Corrosion

Other (specify)

Type of Equipment at Point of Spill/Release: Dump Line

If "Other" selected above, specify or describe here:

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

The point of release was determined to be at the short radius ninety degree fitting. The release was determined to be due to internal corrosion.

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

The short-radius ninety degree fitting was replaced with a long-radius ninety degree fitting to reduce potential for internal corrosion of the fitting.

Volume of Soil Excavated (cubic yards): 25

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment

☒ Other (specify) Onsite staging and characterization

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, check all that apply)

☒ Horizontal and Vertical extents of impacts have been delineated.

☒ Documentation of compliance with Table 915-1 is attached.

☒ All E&P Waste has been properly treated or disposed.

☐ Work proceeding under an approved Form 27 (Rule 912.c).

Form 27 Remediation Project No: _____

☐ SUSPECTED Spill/Release did not occur or was below Rule 912.a.(5) reporting thresholds.

OPERATOR COMMENTS:

Caerus requests to backfill the excavation with the stockpiled material and return the pad to the active working surface.

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: 05/28/2021 Email: brollins@caerusoilandgas.com

COA Type

Description

Attachment List

Att Doc Num

Name

402703929

REMEDIATION MEASURES

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)