

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:

402738641

Date Received:

07/06/2021

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

480188

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

☐ 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# 402730722

Initial Report Date: 06/27/2021 Date of Discovery: 06/26/2021 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNW SEC 4 TWP 6S RNG 96W MERIDIAN 6Latitude: 39.557614 Longitude: -108.118636Municipality (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: TANK BATTERY☒ Facility/Location ID No 335578Spill/Release Point Name: PC10 Tank Failure☐ 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

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

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: cloudy warmSurface Owner: FEEOther(Specify): Chevron

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

The Operator arrived on location and discovered produced water in the secondary containment. The tank was shut in and a vac truck was called to recover fluids from the secondary containment and the failed tank.

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>
6/27/2021	Garifield Co	Kirby Wynn	970-987.2557	emailed report
6/27/2021	CPW	Taylor Elm	970-986.9767	emailed report
6/26/2021	Landowner	Company Land Rep	-	message was left for land rep

REPORT CRITERIA

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

- No 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: _____
- No 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.
- Yes 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.
- No 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? _____
- No 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.): _____
- No 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

No	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 daylights from the subsurface.
No	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.
	<input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way
No	Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.
No	Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/06/2021		
----	--------------------------------------	--	--

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	7	7	<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? YES 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?

Visual Inspection

Soil/Geology Description:

Rock outcrop-Torriorthents complex, very steep

Depth to Groundwater (feet BGS)	90	Number Water Wells within 1/2 mile radius:	0
---------------------------------	----	--	---

If less than 1 mile, distance in feet to nearest	Water Well	None <input checked="" type="checkbox"/>	Surface Water	750	None <input type="checkbox"/>
	Wetlands	750	None <input type="checkbox"/>	Springs	3990
	Livestock	None <input checked="" type="checkbox"/>	Occupied Building	None <input checked="" type="checkbox"/>	

Additional Spill Details Not Provided Above:

Water wells that populate on the COGCC's GISOnline tool to the southeast appear to not exist. The nearest water well that appears to exist is 6,847 feet to the south. The depth to groundwater listed above was based on topography and vertical distance to the surface of Parachute Creek.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/06/2021

Root Cause of Spill/Release Corrosion

Other (specify) _____

Type of Equipment at Point of Spill/Release: Other

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

Manway Cover on Steel Above Ground Storage Tank

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

A hole formed from corrosion in the manway cover on the back of the above-ground storage tank.

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

Manway cover was replaced.

Volume of Soil Excavated (cubic yards): _____

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

☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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:

An updated GPS coordinate for the point of failure will be provided in a subsequent Form 19. The value provided via initial attempts appears to have been collected incorrectly.

A photo of the failure point and impacted area is attached. A photograph of the actual hole in the manway cover could not be collected because the cover was replaced before photographs could be taken.

The liner was inspected and a written report is currently being composed. It will be included in the next Form 19.

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: 07/06/2021 Email: jjanicek@caerusoilandgas.com

COA Type	Description

Attachment List

Att Doc Num

Name

402738654	TOPOGRAPHIC MAP
402738825	PHOTO DOCUMENTATION
402738845	PHOTO DOCUMENTATION

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)