

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:

401781887

Date Received:

10/08/2018

Spill report taken by:

Arauzo, Steven

Spill/Release Point ID:

457002

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) 285-9606</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>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401748250

Initial Report Date: 08/29/2018 Date of Discovery: 08/28/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 8 TWP 7S RNG 94W MERIDIAN 6

Latitude: 39.458186 Longitude: -107.906388

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

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 413476

Spill/Release Point Name: _____ No Existing Facility or Location ID No.

Number: _____ Well API No. (Only if the reference facility is well) 05- _____

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? Yes

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

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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 90

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):

During a routine visit to the location, the lease operator noticed fluid coming out of the ground near the separator units. The line that failed was isolated and emergency response operations initiated immediately.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
8/29/2018	Garfield County	Kirby Wynn	970-625-5905	No response at time of reporting

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/04/2018

Cause of Spill (Check all that apply) Human Error Equipment Failure Historical-Unknown
 Other (specify) _____

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

During a routine visit to the location, the lease operator noticed fluid coming out of the ground near the separator units. The line that failed was a dumpline. It was isolated and emergency response operations initiated immediately. All impacted material was removed followed by the collection of confirmation soil samples from the four walls and base. As stated in the "Spill/Release Detail Report" tab on the previous Supplemental Form 19 (COGCC Document ID 401756539), no fluids were recovered during the initial spill response. The primary failure mechanism or "root cause" was determined to be Microbial Influenced Corrosion (MIC) as seen in the previous dump line failure (Spill/Release Point ID 456039) on this location. Attached to this Supplemental Form 19 is the Dump Line Corrosion Analysis performed on the above mentioned failed section of pipe conducted by Baker Hughes on 8/9/2018. Given the fact that both dump line failures occurred on the same location with similar fluids being conveyed through them, it is reasonable to conclude MIC as the root cause of failure for this dump line.

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

To prevent MIC reoccurrence on this flowline and other flowlines associated with this location, a biocide program is being incorporated into the producing wells and surface equipment as recommended by Baker Hughes.

Volume of Soil Excavated (cubic yards): 200

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

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)

Work proceeding under an approved Form 27

Form 27 Remediation Project No: 11786

OPERATOR COMMENTS:

Landowner was notified on 8/28/2018. This should satisfy COA's listed on the Initial Form 19 identified by COGCC Document ID 401748250.

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 Lead Date: 10/08/2018 Email: jjanicek@caerusoilandgas.com

Condition of Approval

COA Type

Description

<u>COA Type</u>	<u>Description</u>
0 COA	

Attachment List

Att Doc Num

Name

401781887	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401784717	OTHER
401797037	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)