

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

403203966

Date Received:

10/20/2022

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

481633

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 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

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>

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# 402959575

Initial Report Date: 02/17/2022 Date of Discovery: 02/17/2022 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWSW SEC 1 TWP 8S RNG 96W MERIDIAN 6

Latitude: 39.375401 Longitude: -108.062891

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: TANK BATTERY Facility/Location ID No 288415
 Spill/Release Point Name: Murray Facility 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): <u>0</u>	Estimated Condensate Spill Volume(bbl): <u>0</u>
Estimated Flow Back Fluid Spill Volume(bbl): <u>0</u>	Estimated Produced Water Spill Volume(bbl): <u>Unknown</u>
Estimated Other E&P Waste Spill Volume(bbl): <u>0</u>	Estimated Drilling Fluid Spill Volume(bbl): <u>0</u>

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: clear
 Surface Owner: FEE Other(Specify): Murray

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

While Construction was onsite working on a pipeline project, a tank failure was witnessed. A vac truck was dispatched to recover fluid and empty 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>
2/17/2022			-	
2/17/2022	GARCO	Kirby Wynn	970-987.2557	emailed
2/17/2022	CPW	Taylor Elm	970-986.9767	emailed

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: _____

Yes 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.

No 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 daylight 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: <u>10/20/2022</u>		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>14</u>	<u>3</u>	<input type="checkbox"/>
PRODUCED WATER	<u>58</u>	<u>2</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<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): <u>60</u>		Width of Impact (feet): <u>25</u>	
Depth of Impact (feet BGS): <u>24</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
The extent of contamination will be determined through laboratory analysis of soil samples.			
Soil/Geology Description:			
Potts loam, 6 to 12 % slopes			
Depth to Groundwater (feet BGS) <u>200</u>		Number Water Wells within 1/2 mile radius: <u>7</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>630</u> None <input type="checkbox"/>	Surface Water <u>822</u> None <input type="checkbox"/>
		Wetlands <u>822</u> None <input type="checkbox"/>	Springs <u>1945</u> None <input type="checkbox"/>
		Livestock <u>2470</u> None <input type="checkbox"/>	Occupied Building <u>510</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			
Depth to groundwater outlined above is based on depth to groundwater associated with the 7 wells within 1/2 mile of this incident.			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/20/2022

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:

Production Tank

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

The incident occurred due to internal corrosion of a production tank releasing fluid into the secondary containment.

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

All tanks within the secondary containment have been taken out of service for assessment and repair or removal.

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: 23346

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

OPERATOR COMMENTS:

This form has been submitted to request closure of Spill/Release Point ID 481633. Work will proceed under Remediation Project Number 23346.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Chris McKisson

Title: Managing Partner Date: 10/20/2022 Email: chris.mckisson@confluence-cc.com

COA Type

Description

0 COA

Attachment List

Att Doc Num **Name**

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Total Attach: 0 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)