

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403964273

Date Received:

10/21/2024

Spill report taken by:

Spill/Release Point ID:

### SPILL/RELEASE REPORT (INITIAL /w SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to ECMC 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: CAERUS PICEANCE LLC	Operator No: 10456	<b>Phone Numbers</b>
Address: 1001 17TH STREET #1600		Phone: (970) 778-2314
City: DENVER State: CO Zip: 80202		Mobile: (970) 778-2314
Contact Person: Jake Janicek		Email: jjanicek@qb-energy.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# 403964273

Initial Report Date: 10/21/2024 Date of Discovery: 10/14/2024 Spill Type: Historical Release

##### Spill/Release Point Location:

QTRQTR SWNW SEC 6 TWP 7S RNG 96W MERIDIAN 6

Latitude: 39.466240 Longitude: -108.158750

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.

Check this box if this spill/release is related to a loss of integrity of a flowline, pipeline, crude oil transfer line, or produced water transfer line.

##### Reference Location:

Facility Type: TANK BATTERY

Facility/Location ID No 334977

Spill/Release Point Name: Starkey 3 PBV Historical 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): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): Unknown

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? Yes

**Land Use:**

Current Land Use: NON-CROP LAND Other(Specify): \_\_\_\_\_

Weather Condition: Clear 60

Surface Owner: FEE Other(Specify): \_\_\_\_\_

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

Historical impacts were found via facility decommissioning sampling associated with the Starkey 3 PBV Removal. This sampling was being conducted per COGCC Rule 911.a.(4). All site assessment observations and analytical data will be documented via a future Form 27 which will be submitted to officially close out the project per COGCC Rule 911.a.(4) and 913.c.(9).

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

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/21/2024	Garfield County	Kirby Wynn	-	None at time of Reporting
10/21/2024	CPW	Taylor Elm	-	None at time of Reporting

**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.

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? \_\_\_\_\_

Yes 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.): 200

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>10/21/2024</u>		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER			<input checked="" 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, <b>including walls &amp; floor regardless of construction material</b>, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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): _____		Width of Impact (feet): _____	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Extent will be determined via field observations and analytical results from samples collected from the impacted area.			
Soil/Geology Description:			
Grobutte very channery loam, 30 to 60 percent slopes			
Depth to Groundwater (feet BGS) <u>200</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well _____ None <input checked="" type="checkbox"/>	Surface Water <u>322</u>	None <input type="checkbox"/>
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
	Livestock <u>0</u> None <input type="checkbox"/>	Occupied Building _____	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			
There are cattle grazing in close proximity to the location. The depth to groundwater value entered above is an estimate based on topography.			

### CORRECTIVE ACTIONS

#1 Supplemental Report Date: 10/21/2024

Root Cause of Spill/Release Unknown (Historical)

Other (specify)

Type of Equipment at Point of Spill/Release: Partially Buried Vessel

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

Empty text box for specifying other equipment details.

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

A root cause cannot be determined since this release is considered historical.

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

Preventative measures cannot be determined since this release is considered historical.

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... [ ] Horizontal and Vertical extents... [ ] Documentation of compliance... [ ] All E&P Waste... [X] Work proceeding under an approved Form 27... Form 27 Remediation Project No: 30196 [ ] SUSPECTED Spill/Release did not occur...

OPERATOR COMMENTS:

Empty text box for operator comments.

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: 10/21/2024 Email: jjanicek@qb-energy.com

COA Type Description

Table with 2 columns: COA Type, Description. Row 1: 0 COA

ATTACHMENT LIST

**Att Doc Num**      **Name**

403964277	TOPOGRAPHIC MAP
403964289	PHOTO DOCUMENTATION

Total Attach: 2 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)