

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:

404015929

Date Received:

12/04/2024

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

487889

SPILL/RELEASE REPORT (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 | Phone Numbers |
| Address: 1001 17TH STREET #1600 | | Phone: (720) 830-7549 |
| City: DENVER | State: CO | Zip: 80202 |
| Contact Person: Derek Horn | | Mobile: () |
| | | Email: dhorn@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# 403921257

Initial Report Date: 09/15/2024 Date of Discovery: 09/15/2024 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NWNW SEC 32 TWP 6S RNG 92W MERIDIAN 6

Latitude: 39.489257 Longitude: -107.698556

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: WELL SITE

☒ Facility/Location ID No 335400

Spill/Release Point Name: D32NEB DUMP LINE 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): 0

Estimated Condensate Spill Volume(bbl): Unknown

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: UNDERGROUND RELEASE THAT SURFACED APPROXIMATE 5BBL

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: SUNNY, PARTLY CLOUDY
Surface Owner: FEE Other(Specify): COUEY FAMILY LLLP

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

Operator found fluids surface near the tank battery, operator isolated dump lines and initiated EH&S call.

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> |
|-------------|-------------------------|------------------|--------------|-----------------|
| | BLM | ALEX PROVSTGAARD | 970-3662565 | EMAIL |
| 9/15/2024 | BLM | VANESSA CARANESE | 303-3784994 | EMAIL |
| 9/15/2024 | CPW | TAYLOR ELM | 970-9869767 | EMAIL |
| 9/15/2024 | Garfield county liaison | KIRBY WYNN | 970-9872557 | EMAIL |
| 9/15/2024 | ECMC | STEVEN ARAUZA | 720-4985298 | EMAIL |

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.
- ☐ 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.): _____

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: 38101

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

OPERATOR COMMENTS:

This form is being submitted to request closure for spill id #487889 and will continue under remediation #38101. See related form for spill/release details and corrective actions.

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

Signed: _____ Print Name: Derek Horn

Title: EHS Specialist Date: 12/04/2024 Email: dhorn@qb-energy.com

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
|-----------------|--------------------|

| | |
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| | |
| 0 COA | |

ATTACHMENT LIST

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
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Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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| | | Stamp Upon Approval |
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Total: 0 comment(s)