

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

404041259

Date Received:

12/27/2024

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.

Spill report taken by:

Spill/Release Point ID:

OPERATOR INFORMATION

Name of Operator: CAERUS PICEANCE LLC	Operator No: 10456	Phone Numbers
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# 404041259

Initial Report Date: 12/27/2024 Date of Discovery: 12/17/2024 Spill Type: Historical Release

Spill/Release Point Location:

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

Latitude: 39.376673 Longitude: -108.061407

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

Facility/Location ID No

Spill/Release Point Name: 1-23A Wellhead Historical Release

Well API No. (Only if the reference facility is well) 05-045-12700

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): Unknown

Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): Unknown

Estimated Drilling Fluid Spill Volume(bbl): Unknown

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 50

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 plugging and abandonment of the 1-23A wellhead. 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
12/27/2024	Garfield County	Kirby Wynn	-	None at time of reporting
12/27/2024	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.): _____ 50

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>12/27/2024</u>		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>0</u>	<u>0</u>	<input type="checkbox"/>
CONDENSATE	_____	_____	<input checked="" type="checkbox"/>
PRODUCED WATER	_____	_____	<input checked="" type="checkbox"/>
DRILLING FLUID	_____	_____	<input checked="" type="checkbox"/>
FLOW BACK FLUID	_____	_____	<input checked="" type="checkbox"/>
OTHER E&P WASTE	_____	_____	<input checked="" 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): _____		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 areas.			
Soil/Geology Description:			
Potts loam, 6 to 12 percent slopes			
Depth to Groundwater (feet BGS) <u>295</u>		Number Water Wells within 1/2 mile radius: <u>6</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1000</u> None <input type="checkbox"/>	Surface Water <u>1485</u> None <input type="checkbox"/>	
	Wetlands _____ None <input checked="" type="checkbox"/>	Springs <u>2434</u> None <input type="checkbox"/>	
	Livestock <u>0</u> None <input type="checkbox"/>	Occupied Building <u>973</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			
The depth to groundwater value entered above is associated with a water well identified with DWR Permit # 254145. There are livestock grazing in close proximity to location.			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 12/27/2024

Root Cause of Spill/Release Unknown (Historical)

Other (specify)

Type of Equipment at Point of Spill/Release: Other

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

Wellhead

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: 32617 [] SUSPECTED Spill/Release did not occur...

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: 12/27/2024 Email: jjanicek@qb-energy.com

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

ATTACHMENT LIST

Att Doc Num **Name**

404041260	TOPOGRAPHIC MAP
404041261	PHOTO DOCUMENTATION

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)