

**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:

400889917

Date Received:

08/25/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

437688

## SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. 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>	<b>Phone Numbers</b>
Address: <u>600 17TH STREET #1600N</u>		Phone: <u>(970) 285-9606</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 285-9619</u>
Zip: <u>80202</u>		Email: <u>jjanicek@caerusoilandgas.com</u>
Contact Person: <u>Jake Janicek</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400628935

Initial Report Date: \_\_\_\_\_ Date of Discovery: 06/12/2014 Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESW SEC 17 TWP 6S RNG 96W MERIDIAN 6Latitude: 39.519810 Longitude: -108.133310Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: WELL PAD☐ Facility/Location ID No \_\_\_\_\_☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-045-09528

#### **Fluid(s) Spilled/Released (please answer Yes/No):**

Was one (1) barrel or more spilled outside of berms or secondary containment? No

*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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approximately 500 cubic feet of impacted material was excavated

#### **Land Use:**

Current Land Use: NON-CROP LANDOther(Specify): RangelandWeather Condition: Mostly sunny, dry, ~90 degrees F.Surface Owner: FEEOther(Specify): Chevron

#### **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 the removal of the Partially Buried Vault (PBV), approximately 500 cubic yards of impacted material was excavated from beneath and around the PBV as a result from historic releases. All impacted material was placed within a bermed and lined containment for temporary storage. The excavation was opened to a point where the four walls and floor field tested as clean. Confirmation samples were collected from the four walls and floor and were found to be below Table 910-1 levels. The excavation was backfilled. There was no impact to surface or ground water and all of the contamination and impact was confined to the pad footprint.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
6/13/2014	COGCC	Carlos Lujan	970-625-2497	Notified via email and phone
6/13/2014	Chevron, Land Owner	Craig Tysse	970-285-9722	Notified via email and phone
6/13/2014	Garfield County	Kirby Winn	-	Notified via email

**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: \_\_\_\_\_

**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 Professional Date: 08/25/2015 Email: jjanicek@caerusoilandgas.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400889917	FORM 19 SUBMITTED
400889919	OTHER

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)