

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:

402483258

Date Received:

09/08/2020

Spill report taken by:

Arauz, Steven

Spill/Release Point ID:

477775

## 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 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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><br>Phone: <u>(970) 778-2314</u><br>Mobile: <u>(970) 778-2314</u><br>Email: <u>jjanicek@caerusoilandgas.com</u> |
| Address: <u>1001 17TH STREET #1600</u>       |                                    |   |
| City: <u>DENVER</u>                          | State: <u>CO</u> Zip: <u>80202</u> |   |
| Contact Person: <u>Jake Janicek</u>          |                                    |   |

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402477865

Initial Report Date: 08/29/2020 Date of Discovery: 08/28/2020 Spill Type: Recent Spill

#### Spill/Release Point Location:

QTRQTR NWSE SEC 1 TWP 7S RNG 97W MERIDIAN 6

Latitude: 39.473544 Longitude: -108.166350

Municipality (if within municipal boundaries): \_\_\_\_\_ County: GARFIELD

#### Reference Location:

Facility Type: WELL PAD

☐ Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: Dump Line Failure

☒ Well API No. (Only if the reference facility is well) 05-045-08924

☐ No Existing Facility or Location ID No.

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

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

*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? 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: Unknown volume at this time, at least 1 bbl outside of containment

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): Rangeland

Weather Condition: Cloudy

Surface Owner: FEE

Other(Specify): Puckett

#### 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):

Dump Line failure identifie during Pressure Test.

**List Agencies and Other Parties Notified:**

Was there a Grade 1 Gas Leak?      Yes ☐      No ☒

    If YES, 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?      Yes ☐      No ☒

    If YES, enter the Document Number of the Initial Accident Report, Form 22: \_\_\_\_\_

Was there damage during excavation?      Yes ☐      No ☒

    If YES, was CO 811 notified prior to excavation?      Yes ☐      No ☐

SPILL/RELEASE DETAIL REPORTS

#1      Supplemental Report Date: 09/08/2020

| FLUIDS          | BBL's SPILLED | BBL's RECOVERED | Unknown                             |
|-----------------|---------------|-----------------|-------------------------------------|
| OIL             | 0             | 0               | <input type="checkbox"/>            |
| CONDENSATE      | 0             | 0               | <input type="checkbox"/>            |
| PRODUCED WATER  |               |                 | <input checked="" type="checkbox"/> |
| DRILLING FLUID  | 0             | 0               | <input type="checkbox"/>            |
| FLOW BACK FLUID | 0             | 0               | <input type="checkbox"/>            |
| OTHER E&P WASTE | 0             | 0               | <input type="checkbox"/>            |

specify: \_\_\_\_\_

Was spill/release completely contained within berms or secondary containment? NO      Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

**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)    ☒ Soil      ☐ Groundwater      ☐ Surface Water      ☐ 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 is still being determined.

Soil/Geology Description:

Parachute-Rhone loams, 5 to 30 percent slopes

Depth to Groundwater (feet BGS)      200      Number Water Wells within 1/2 mile radius:      0

If less than 1 mile, distance in feet to nearest      Water Well      3693      None ☐      Surface Water      1003      None ☐

   Wetlands      \_\_\_\_\_      None ☒      Springs      1112      None ☐

   Livestock      \_\_\_\_\_      None ☒      Occupied Building      \_\_\_\_\_      None ☒

Additional Spill Details Not Provided Above:

Soil samples were collected from the point of release on 9/4/2020. Sample results will be provided once they have been received.

## 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 Specialist Date: 09/08/2020 Email: jjanicek@caerusoilandgas.com

### COA Type

### Description

|  |  |
|--|--|
|  |  |
|--|--|

## Attachment Check List

### Att Doc Num

### Name

|           |                 |
|-----------|-----------------|
| 402483260 | TOPOGRAPHIC MAP |
|-----------|-----------------|

Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)