

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:

400872655

Date Received:

07/22/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

442525

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>	Phone Numbers
Address: <u>600 17TH STREET #1600N</u>		Phone: <u>(970) 285-9606</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(970) 778-2314</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# 400870201

Initial Report Date: 07/17/2015 Date of Discovery: 07/14/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 17 TWP 6S RNG 96W MERIDIAN 6Latitude: 39.528190 Longitude: -108.130220Municipality (if within municipal boundaries): _____ County: GARFIELD

Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 335781☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

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? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): UnknownEstimated 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): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: cloudy 85Surface Owner: FEEOther(Specify): Chevron USA, Inc.

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 a routine site visit, the pumper responsible for the site observed a stain and what appeared to be a hole where fluid from the subsurface was being conveyed to the surface immediately north of the site's tank battery. The wells associated with that tank battery were turned off and all flowlines/dumplines near the tank battery were relieved of all fluid and pressure. The area near the stain was excavated and impacted soil near the condensate dumpline was observed.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
7/15/2015	Garfield County	Kirby Wynn	970-987-2557	No response - Left voicemail
7/15/2015	COGCC	Carlos Lujan	970-286-3292	Responded with a phone call
7/13/2015	Chevron USA	Craig Tysse	970-285-9722	Requested an onsite meeting

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 07/22/2015		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE			<input checked="" 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? <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): 56		Width of Impact (feet): 18	
Depth of Impact (feet BGS): 17		Depth of Impact (inches BGS): _____	
How was extent determined?			
The impacted area was delineated via advancing soil borings in and around the source area. Soil collected from these borings was field screened with a photoionization detector.			
Soil/Geology Description:			
Arvada loam, 6 to 20 percent slopes			
Depth to Groundwater (feet BGS) 43		Number Water Wells within 1/2 mile radius: 6	
If less than 1 mile, distance in feet to nearest		Water Well 1158	None <input type="checkbox"/>
		Wetlands	None <input checked="" type="checkbox"/>
		Livestock	None <input checked="" type="checkbox"/>
		Surface Water 528	None <input type="checkbox"/>
		Springs 1056	None <input type="checkbox"/>
		Occupied Building 918	None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

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: 07/22/2015 Email: jjanicek@caerusoilandgas.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

400872655	FORM 19 SUBMITTED
400872667	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)