

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400938643

Date Received:

11/19/2015

Spill report taken by:

LUJAN, CARLOS

Spill/Release Point ID:

443559

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: CAERUS PICEANCE LLC	Operator No: 10456	Phone Numbers
Address: 600 17TH STREET #1600N		Phone: (970) 285-9606
City: DENVER	State: CO	Mobile: (970) 778-2314
Zip: 80202		Email: jjanicek@caerusoilandgas.com
Contact Person: Jake Janicek		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400913402

Initial Report Date: 10/07/2015 Date of Discovery: 10/07/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 28 TWP 6S RNG 96W MERIDIAN 6

Latitude: 39.488500 Longitude: -108.121700

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: OTHER

☐ Facility/Location ID No

☒ 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? 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): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify:

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: Clear 80

Surface Owner: FEE

Other(Specify): Withheld for Privacy Reasons

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 pumping operations, an above-ground line associated with conveying produced water to our H2-797 pad location (COGCC Location ID 439917) for completions operations broke. Pumping operations were immediately shut down. Approximately one barrel of produced water released from the broken line and soaked into the ground. Soil samples were collected from within the spill area and submitted for laboratory analysis.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/7/2015	Surface Owner	Surface Owner	-	Verbal

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	11/17/2015
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Cause of Spill (Check all that apply) ☒ Human Error ☐ Equipment Failure ☐ Historical-Unknown
☐ Other (specify) _____

Describe Incident & Root Cause (include specific equipment and point of failure)

The incident details were provided on the Supplemental Form 19 (COGCC Document ID 400918468) submitted on 10/15/2015. The Root Cause was an operational error made by the pump operator and a miscommunication between third party contractors.

Describe measures taken to prevent the problem(s) from reoccurring:

Employees and contractors will be trained to be more aware of the systems they are operating and overcommunication will be emphasized during daily safety meetings.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☐ Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: 11/19/2015 Email: jjanicek@caerusoilandgas.com

COA Type

Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400938662	ANALYTICAL RESULTS

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)