

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:

401894320

Date Received:

01/05/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

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: CAERUS PICEANCE LLC	Operator No: 10456	Phone Numbers
Address: 1001 17TH STREET #1600		Phone: (970) 285.2739
City: DENVER State: CO Zip: 80202		Mobile: (970) 987.4650
Contact Person: Brett Middleton		Email: bmiddleton@caerusoila.ndgas.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401894320

Initial Report Date: 01/05/2019 Date of Discovery: 01/05/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNW SEC 28 TWP 8S RNG 96W MERIDIAN 6

Latitude: 39.320392 Longitude: -108.122251

Municipality (if within municipal boundaries): County: MESA

Reference Location:

Facility Type: FLOWLINE Facility/Location ID No 271694

Spill/Release Point Name: E28OU injection well flowline No Existing Facility or Location ID No.

Number: 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): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=100

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 and cold

Surface Owner: FEDERAL Other(Specify): BLM

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):

On 1/5/19 a vac truck driver arrived at the E28OU location to offload his truck and he identified fluid surfacing on the pad location. The driver contacted his pusher who contacted Caerus operations and Caerus gas control. The flowline from the injection pump to the injection well failed releasing fluid onto the pad location. No fluid has left the site and the location has been locked out an environmental assessment will follow and the spill volume is being determined.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
1/5/2019	BLM	Jime Byers	970-876.9056	email submitted
1/5/2019	MESA LEPC	Brandi/Horace	-	email submitted

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

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

OPERATOR COMMENTS:

attn; Steven Arauza

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Brett Middleton

Title: Sr. EHS Specialist Date: 01/05/2019 Email: bmiddleton@caerusoilandgas.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)