

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401901010

Date Received:

01/15/2019

Spill report taken by:

FISCHER, ALEX

Spill/Release Point ID:

460498

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: CAERUS PICEANCE LLC Operator No: 10456
Address: 1001 17TH STREET #1600
City: DENVER State: CO Zip: 80202
Contact Person: Brett Middleton
Phone Numbers: Phone: (970) 285-2739 Mobile: (970) 987-4650 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 [X] 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

Date	Agency/Party	Contact	Phone	Response
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: _____

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/10/2019

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	200	170	<input 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? YES 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): 130 Width of Impact (feet): 150

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): _____

How was extent determined?

Extent of impact is currently being determined via excavation and laboratory analysis. Soil samples were collected from the point of release, spill path, and stockpiled soil on January 11th, 2019. Laboratory analytical results, summary table, and soil sample location diagrams will be provided in a supplemental Form 27 once results are received. Per COA #1 listed on the Initial Form 19 (COGCC Document ID 401894320), a sample of the released fluid was collected on January 8th, 2019. Laboratory analytical and a summary table (Table 1) are included as attachments to this Supplemental Form 19.

Soil/Geology Description:

Bunkwater very fine sandy loam 1-8 percent

Depth to Groundwater (feet BGS) 100 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest Water Well _____ None Surface Water 610 None

Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building _____ None

Additional Spill Details Not Provided Above:

Abandoned monitoring wells in the adjacent property were dry at 70 feet.

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 01/10/2019

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 failed section of pipe was sent in for analysis. Once the pipeline integrity analysis report is received, Caerus will submit results through a Supplemental Form 19 as well as a Form 4 to the COGCC Pipeline Supervisor, Mark Schlagenhauf, Per COA #2 listed on the Initial Form 19 (COGCC Document ID 401894320).

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

Preventative measures will be determined and described once the pipeline integrity analysis report is received.

Volume of Soil Excavated (cubic yards): _____

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) TBD once analytical results are received _____

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:

Per COA #1 listed on the Initial Form 19 (COGCC Document ID 401894320), depth to the failed flowline was approximately 6' BGS.
 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: 01/15/2019 Email: bmiddleton@caerusoilandgas.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401901162	AERIAL PHOTOGRAPH
401901176	TOPOGRAPHIC MAP

401904912	ANALYTICAL RESULTS
401904934	ANALYTICAL RESULTS

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)