

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:

402340288

Date Received:

03/11/2020

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) 2852755
City: DENVER State: CO Zip: 80202		Mobile: (970) 2162557
Contact Person: Reed Koeneke		Email: rkoeneke@caerusoilandgas.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402340288

Initial Report Date: 03/11/2020 Date of Discovery: 03/10/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SENE SEC 12 TWP 8S RNG 96W MERIDIAN 6

Latitude: 39.366067 Longitude: -108.051967

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 312697

Spill/Release Point Name: SGV 12H tank battery Well API No. (Only if the reference facility is well) 05- -

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? No

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): >=1 and <5

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

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: Sunny

Surface Owner: FEE Other(Specify): Hyrup LLP

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):

The Lease Operator arrived on the 12H to find his tank had overflowed. The dump on the separator had stuck open causing the vessel to continuously send fluid and gas to the tank. There is no automation on this single tank battery. This tank is in an unlined earthen berm containment. It appears that roughly 5 bbls may have collected in the secondary containment. From what the operator was able to determine it appears that the dump had been stuck for rough 1 hour and 45 minutes. In that time the casing pressure on the well decreased by 70 psi. A water truck was dispatched to collect the available standing fluid. The truck was able to recover 3-4 bbls.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
3/10/2020	Garfield County	Kirby Wynn	970-987-2557	acknowledged incident
3/10/2020	COGCC	Steven Auraza	720-498-5298	Left voicemail
3/10/2020	Landowner	Hyrup LLP	-	Notified by Caerus land team

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

OPERATOR COMMENTS:

Attn: Steven

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

Signed: _____ Print Name: Reed Koeneke

Title: EHS Safety Specialist Date: 03/11/2020 Email: rkoeneke@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)