

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402364228

Date Received:

04/07/2020

Spill report taken by:

Araza, Steven

Spill/Release Point ID:

471230

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	Phone Numbers
Address: 1001 17TH STREET #1600		Phone: (970) 285-2925
City: DENVER	State: CO	Zip: 80202
Contact Person: Blair Rollins		Mobile: (970) 640-6919
		Email: brollins@caerusoilandgas.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402306262

Initial Report Date: 02/07/2020 Date of Discovery: 02/06/2020 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWNE SEC 7 TWP 8S RNG 95W MERIDIAN 6

Latitude: 39.379414 Longitude: -108.032744

Municipality (if within municipal boundaries): County: GARFIELD

Reference Location:

Facility Type: TANK BATTERY

☒ Facility/Location ID No 334157

Spill/Release Point Name: 7G Tank

☐ 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? 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): >=5 and <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: Snowy

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):

The Caerus lease operator for this location suspected tank integrity issues with Tank 77 on the 7G pad. The lease operator conducted a static fluid level test and confirmed the tank was losing fluids into the lined secondary containment on the location. Once the integrity issue was identified, all fluids inside the tank were transferred to other available tanks in the secondary containment, and the tank was taken out of service. Caerus estimates the loss of fluid from the tank into the secondary containment to be approximately 10 barrels. Caerus will conduct an assessment of the tank and provide root cause information to the COGCC when available. Caerus will remove all standing liquid inside the secondary containment and reintroduce it into the water handling system.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/6/2020	COGCC	Steven Arauza	720-498-5298	Left voicemail
2/6/2020	BLM	Wesley Toews	970-876-9067	Left voicemail
2/7/2020	Garfield County Liaison	Kirby Wynn	970-625-5905	Email

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 ☐

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 04/07/2020		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	10	25	<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? NO 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): 20 Width of Impact (feet): 15

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 0

How was extent determined?

All spilled fluid was contained inside the secondary containment. The spilled fluid was removed by hydrovac once weather conditions allowed for complete removal of the spilled fluid. It was estimated that 10 barrels of produced water was spilled and during the time of recovery approximately 25 barrels of produced water and precipitation was recovered. During the fluid recovery activity, Caerus identified two small holes in the liner on a high spot of the floor of the secondary containment by the loadout valve of tank 77. Caerus increased the hole size in the liner to inspect the soil below the liner and collect a soil sample for analysis. Please refer to the attached tabulated lab data which demonstrates compliance with COGCC Table 910-1 standards except for arsenic and pH. Following inspection and sampling, the holes were patched to continue use of the secondary containment.

Soil/Geology Description:

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 <u> </u>	None <input checked="" type="checkbox"/>	Surface Water <u> </u>	None <input checked="" type="checkbox"/>
Wetlands <u> </u>	None <input checked="" type="checkbox"/>	Springs <u> </u>	None <input checked="" type="checkbox"/>
Livestock <u> </u>	None <input checked="" type="checkbox"/>	Occupied Building <u> </u>	None <input checked="" type="checkbox"/>

Based on the laboratory analytical results of the soil immediately below the holes in the secondary containment liner and the elevated floor area where the holes were located, Caerus believes that no produced water exited the secondary containment through the holes. Please reference the FAQ 31 write-up to address elevated concentration of arsenic found in the soil sample. During final reclamation of the well pad, Caerus will assess inorganic soil concentrations which exceed COGCC Table 910-1 standards and will be buried below at least three feet of native material.

#1	Supplemental Report Date:	04/07/2020
Root Cause of Spill/Release <u>Equipment Failure</u>		
Other (specify) _____		
Type of Equipment at Point of Spill/Release: <u>Other</u>		
If "Other" selected above, specify or describe here:		
Produced water tank		
Describe Incident & Root Cause (include specific equipment and point of failure)		
The tank failed due to internal corrosion.		
Describe measures taken to prevent the problem(s) from reoccurring:		
The tank has been taken out of service.		
Volume of Soil Excavated (cubic yards): <u>0</u>		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment <input type="checkbox"/> Other (specify) _____		
Volume of Impacted Ground Water Removed (bbls): <u>0</u>		
Volume of Impacted Surface Water Removed (bbls): <u>0</u>		

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.

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

Signed: _____ Print Name: Blair Rollins

Title: EHS Specialist Date: 04/07/2020 Email: brollins@caerusoilandgas.com

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402364258	ANALYTICAL RESULTS
402364309	OTHER
402364311	ANALYTICAL RESULTS

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)