

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400700961

Date Received:

11/07/2014

Spill report taken by:

Spill/Release Point ID:

439655

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: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Operator No: <u>10112</u>	Phone Numbers
Address: <u>16000 DALLAS PARKWAY #875</u>		Phone: <u>(918) 526-5592</u>
City: <u>DALLAS</u>	State: <u>TX</u>	Mobile: <u>(918) 585-1660</u>
Zip: <u>75248-6607</u>		Email: <u>regulatory@foundationenergy.com</u>
Contact Person: <u>Rachel Grant</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400698379

Initial Report Date: 09/30/2014 Date of Discovery: 01/21/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SW SW SEC 2 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.074750 Longitude: -104.865280

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: FLOWLINE☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-123-07467

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): UnknownEstimated Condensate Spill Volume(bbl): UnknownEstimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHEROther(Specify): WellpadWeather Condition: sunny, drySurface Owner: FEE

Other(Specify): _____

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):

Anadarko (shared tank battery) gave notice when they were boring around their current lines that they discovered historical contamination. Foundation shut-in their well and lines during this testing period. An area was dug up on the well pad at which point the flowlines for multiple wells crossed. Contamination was visible at the area where all the lines meet. It was unsure whether historical contamination occurred from Foundation or Anadarko's lines. Samples were collected shortly thereafter that exceeded BTEX and TPH. Foundation is trying to determine the cause of the contamination and develop a plan to remediate the area.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
9/30/2014	COGCC	Chris Canfield	303-894-2100	Left message to discuss

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 11/03/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE			<input checked="" type="checkbox"/>
PRODUCED WATER			<input checked="" 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>15</u>		Width of Impact (feet): <u>15</u>	
Depth of Impact (feet BGS): <u>6</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
A soil sample was collected on 2/18/14 from each sidewall and the excavation base. The sidewall samples were placed on laboratory hold pending the results of the excavation base. Analytical results for the sample collected from the excavation base (Base @6.5') were above the Table 910-1 standard for TPH (1216 mg/kg). Delineation will be conducted to determine the complete extent and remediation steps needed to obtain No Further Action. Groundwater was not encountered in the excavation.			
Soil/Geology Description:			
Shingle Loam, 3-9 % slopes			
Depth to Groundwater (feet BGS) <u>15</u>		Number Water Wells within 1/2 mile radius: <u>5</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1860</u>	None <input type="checkbox"/>	Surface Water <u>350</u> None <input type="checkbox"/>
	Wetlands <u></u>	None <input checked="" type="checkbox"/>	Springs <u></u> None <input checked="" type="checkbox"/>
	Livestock <u>1350</u>	None <input type="checkbox"/>	Occupied Building <u>1710</u> None <input type="checkbox"/>
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	11/06/2014		
Cause of Spill (Check all that apply)		<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Historical-Unknown
		<input type="checkbox"/> Other (specify)		
Describe Incident & Root Cause (include specific equipment and point of failure)				
A flowline coupler leak and release of fluids in the subsurface; non detectable on surface, was discovered by a 3rd party digging potholes to locate buried lines in a shared right-of-way.				
Describe measures taken to prevent the problem(s) from reoccurring:				
Leaking coupler was replaced as well as old section of flowline. Known leaks will be addressed and reported, if necessary, immediately upon discovery.				
Volume of Soil Excavated (cubic yards):		54		
Disposition of Excavated Soil (attach documentation)		<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
		<input type="checkbox"/> 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: _____

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

Signed: _____ Print Name: Rachel Grant

Title: Sr. HSE/Regulatory Tech Date: 11/07/2014 Email: regulatory@foundationenergy.com

Attachment Check List

Att Doc Num	Name
400725439	ANALYTICAL RESULTS
400725934	SITE MAP
400725962	OTHER

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)