

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400741547

Date Received:

12/01/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

440124

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) 526-5591</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248-6607</u>		Mobile: <u>(918) 636-7239</u>
Contact Person: <u>Caitlin O'Hair</u>		Email: <u>regulatory@foundationenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400738500

Initial Report Date: 11/21/2014 Date of Discovery: 11/19/2014 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 34 TWP 4S RNG 101W MERIDIAN 6

Latitude: 39.657320 Longitude: -108.708220

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No _____

No Existing Facility or Location ID No.

Well API No. (Only if the reference facility is well) 05-103-08568

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 and <1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >0 and <1

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: cold, dry

Surface Owner: FEDERAL 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):

Well pressured up and spilled oil from the Enardo valve. Fluids stayed within the berms and is in process of being cleaned up and sampled. Well is currently shut-in to clean-up.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date:	11/26/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	1	1	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	1	1	<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? <u>YES</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>20</u>	Width of Impact (feet): <u>3</u>	
Depth of Impact (feet BGS): <u>0</u>		Depth of Impact (inches BGS): <u>1</u>		
How was extent determined?				
Top layer of the ground as frozen so the extent was seen at the surface of the soil.				
Soil/Geology Description:				
Brown dirt and clay				
Depth to Groundwater (feet BGS) <u>196</u>		Number Water Wells within 1/2 mile radius: <u>0</u>		
If less than 1 mile, distance in feet to nearest		Water Well _____ None <input checked="" type="checkbox"/>	Surface Water _____ None <input checked="" type="checkbox"/>	
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>	
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>	
Additional Spill Details Not Provided Above:				
The Rio Blanco County LEPC was notified of this spill on 11/26/2014 at the email address jhutchins@co.rio-blanco.co.us . BLM contacted as surface owner. Called the Grand Junction Office at 970-244-3000 on 11/26/2014.				

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/26/2014

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)

Well pressured up and spilled oil from the Enardo valve. Fluids stayed within the berms and is in process of being cleaned up and sampled. Well is currently shut-in to clean-up.

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

We are monitoring the tank levels more closely.

Volume of Soil Excavated (cubic yards): 0

Disposition of Excavated Soil (attach documentation) Offsite Disposal Onsite Treatment
 Other (specify) _____

Volume of Impacted Ground Water Removed (bbls): _____

Volume of Impacted Surface Water Removed (bbls): _____

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: 12/01/2014 Email: regulatory@foundationenergy.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)