

# 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>	<b>Phone Numbers</b>
Address: <u>16000 DALLAS PARKWAY #875</u>		Phone: <u>(918) 526-5591</u>
City: <u>DALLAS</u>	State: <u>TX</u>	Mobile: <u>(918) 636-7239</u>
Zip: <u>75248-6607</u>		Email: <u>regulatory@foundationenergy.com</u>
Contact Person: <u>Caitlin O'Hair</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 6Latitude: 39.657320 Longitude: -108.708220Municipality (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 <1Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >0 and <1Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: cold, drySurface 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? 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): 20 Width of Impact (feet): 3

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 1

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) 196 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"/>

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](mailto: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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)