

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:

400834228

Date Received:

05/01/2015

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

441628

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: FOUNDATION ENERGY MANAGEMENT LLC Operator No: 10112 Address: 16000 DALLAS PARKWAY #875 City: DALLAS State: TX Zip: 75248-6607 Contact Person: Rachel Grant Phone Numbers: (918) 526-5592 (918) 638-1153 regulatory@foundationenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400831556

Initial Report Date: 04/28/2015 Date of Discovery: 04/23/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESE SEC 11 TWP 4S RNG 104W MERIDIAN 6

Latitude: 39.723490 Longitude: -109.031400

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

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) 05-103-08825

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? 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: Approximately 10 bbls of filtered water spilled on battery and roadway.

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): Weather Condition: Unknown Surface Owner: STATE 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):

Injection line to the water plant broke and spilled approximately 10 bbls of filtered water on the lease road. A vac truck was dispatched immediately to pick up the free-standing water. The water did not leave the roadway and impact any surface water areas.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/24/2015	COGCC	Stan Spencer	-	24-hr notice of spill
4/27/2015	BLM	Bud Thompson	-	24-hr notice of spill
4/24/2015	Rio Blanco LEPC		-	24-hr notice of spill

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 05/01/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	10	10	<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: 10 bbls of filtered water spilled down lease road

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): 80 Width of Impact (feet): 0

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

How was extent determined?

Visual inspection

Soil/Geology Description:

Unknown

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>2</u>	None <input 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:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/01/2015
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
Injection line into the battery leaked		
Describe measures taken to prevent the problem(s) from reoccurring:		
Pumper is regularly checking injection lines to ensure they're in good working order and no issues are identified.		
Volume of Soil Excavated (cubic yards): 0		
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: \_\_\_\_\_

## OPERATOR COMMENTS:

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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: 05/01/2015 Email: regulatory@foundationenergy.com

<u>COA Type</u>	<u>Description</u>

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400834228	FORM 19 SUBMITTED

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)