

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: <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) 638-1153</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# 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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated 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: UnknownSurface Owner: STATEOther(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	<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:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/01/2015
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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)

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) ☒ Offsite Disposal ☐ Onsite Treatment
☐ 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:

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

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400834228	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)