

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:

400858368

Date Received:

06/25/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442140

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	Phone Numbers
Address: 16000 DALLAS PARKWAY #875		Phone: (918) 526-5592
City: DALLAS State: TX Zip: 75248-6607		Mobile: (918) 638-1153
Contact Person: Rachel Grant		Email: regulatory@foundationenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400854610

Initial Report Date: 06/17/2015 Date of Discovery: 06/15/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 28 TWP 8N RNG 58W MERIDIAN 6

Latitude: 40.638050 Longitude: -103.865680

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) 05-123-19173

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

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=1 and <5

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Approximately 3-4 bbls spilled, 10% oil

Land Use:

Current Land Use: OTHER Other(Specify): Cattle

Weather Condition: Rainy

Surface Owner: FEE Other(Specify): Sooner 28-6-1 Jim Walker, Sooner 2-28 Marsha Clark

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):

A leak on the flowline from the Sooner 28-6-1 was discovered on 6/15/15. Immediately the well was shut-in. Approximately 3-4 bbls was released and was contained on the wellpad of the Sooner 2-28 location. The flowline was repaired and the soil removed to be treated on-site with the contaminated soil at the Sooner South Battery and returned to hole after samples come back clean from the lab. Currently the open hole is fenced to prevent injury of personnel or cattle.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
6/15/2015	COGCC	Rick Allison	970-461-2970	Called to notify of spill
6/15/2015	Weld County LEPC	Roy Rudisill	970-304-6540	Emailed to notify of spill: rrudisill@co.weld.co.us
6/15/2015	Surface Owner (Sooner 28-6-1)	Jim Walker	970-437-5422	Called to notify of spill. Asked to fence area because cattle in the area.
	Surface Owner (Sooner 2-28)	Marsha Clark	970-522-6828	Called to notify of spill

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 06/24/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	_____	_____	<input checked="" type="checkbox"/>
CONDENSATE	0	0	<input 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? 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): 20 Width of Impact (feet): 2

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

How was extent determined?

Visual contamination. Sampling to be completed.

Soil/Geology Description:

Unknown

Depth to Groundwater (feet BGS) 12 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	_____	None <input checked="" type="checkbox"/>	Surface Water	<u>1217</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>50</u>	None <input type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

[Empty box for additional spill details]

CORRECTIVE ACTIONS

#1 Supplemental Report Date: _____

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)

[Empty box for incident and root cause description]

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

[Empty box for measures taken to prevent recurrence]

Volume of Soil Excavated (cubic yards): _____

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: _____

OPERATOR COMMENTS:

[Empty box for 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: 06/25/2015 Email: regulatory@foundationenergy.com

COA Type

Description

[Empty table for COA Type and Description]

Attachment Check List

Att Doc Num

Name

400858368	FORM 19 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)