

# 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:

400883259

Date Received:

08/13/2015

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

442769

## 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# 400880881

Initial Report Date: 08/06/2015 Date of Discovery: 08/06/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 5 TWP 1S RNG 45W MERIDIAN 6Latitude: 39.999319 Longitude: -102.437819Municipality (if within municipal boundaries): \_\_\_\_\_ County: YUMA

#### 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) 05-125-09297

#### 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): 0Specify: Spill is between 5 to 8 bbls.

#### Land Use:

Current Land Use: NON-CROP LANDOther(Specify): PastureWeather Condition: Clear and sunnySurface Owner: FEE

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):

The morning of 8/6/2015, a flowline leak was discovered by a Foundation Energy Management (the operator) pumper making his rounds. The estimated total produced water spilled is between 5-8 bbls. The spill is located between the Hilltop #32-5 and the Hilltop #31-5, and settled right on the dirt road between the two wells (nearer to the #32-5). Upon discovery, the wells connected to the flowline were shut in, and a roustabout crew was called to come out and fix the leak.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
8/6/2015	COGCC	Rob Young	303-252-0126	Via email and phone. Spoke on the phone.
8/6/2015	LEPC	yumaoem@wycomm.org	970-848-3799	Via email. No response recieved yet.
8/6/2015	Surface Owner	Greg Stults	970-630-0999	Left a voicemail. No response recieved yet.

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 08/13/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	8	0	<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>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
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>300</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): <u>2</u>		Depth of Impact (inches BGS): <u>0</u>	
How was extent determined?			
The extent was determined visually and when the backhoe was out to repair the line.			
Soil/Geology Description:			
Soil is regular brown soil with some sand.			
Depth to Groundwater (feet BGS) <u>100</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1367</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>1000</u> None <input type="checkbox"/>	Occupied Building <u>        </u> None <input checked="" type="checkbox"/>	
Additional Spill Details Not Provided Above:			

## 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: Caitlin O'Hair

Title: HSE/Regulatory Tech Date: 08/13/2015 Email: regulatory@foundationenergy.com

## Attachment Check List

### Att Doc Num

### Name

400884131	AERIAL PHOTOGRAPH
-----------	-------------------

Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

--	--	--

Total: 0 comment(s)