

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:

400888651

Date Received:

08/25/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442986

## SPILL/RELEASE REPORT (INITIAL)

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	<b>Phone Numbers</b>
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# 400888651

Initial Report Date: 08/24/2015 Date of Discovery: 08/20/2015 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 6 TWP 7N RNG 60W MERIDIAN 6

Latitude: 40.609950 Longitude: -104.128111

Municipality (if within municipal boundaries): County: WELD

#### 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) 05-123-20169

#### 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? Yes

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): >=5 and <100

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Approximately 1 bbl oil, 9 bbls produced water released inside berms

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify):

Weather Condition: dry

Surface Owner: FEE

Other(Specify): Robert E Hill

#### 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):

Due to a malfunction in the treater, the water tank overflowed, spilling approximately 10 barrels (1 bbl oil, 9 bbls water) inside the berms on location. A vac-truck was dispatched immediately and sucked up the free-standing fluid.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
8/20/2015	COGCC	Rick Allison	970-461-2970	Email to notify of release, call on 8/21
8/20/2015	Landowner	Robert Hill	970-656-3648	Called to notify of release, already aware
8/24/2015	Weld County LEPC	Roy Rudisill	970-304-6540	Email to notify of release

**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: 08/25/2015 Email: regulatory@foundationenergy.com

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

400888651	FORM 19 SUBMITTED
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Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Environmental	Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator.  The Supplemental Spill Report for this release is due by 8/30/2015.	8/25/2015 10:28:32 AM
Environmental	The Operator notified COGCC of the release on 8/20/2015 via email. COGCC acknowledges the Operators attempt to submit the Form 19 an 8/21 and 8/24 with technical difficulty. Therefore, this Initial Report is considered compliant with Rule 906.b.	8/25/2015 10:26:54 AM

Total: 2 comment(s)