

**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:

400929060

Date Received:

11/03/2015

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

443738

## 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# 400924577

Initial Report Date: 10/26/2015      Date of Discovery: 10/26/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWNE SEC 5 TWP 1S RNG 45W MERIDIAN 6Latitude: 39.998919 Longitude: -102.437611Municipality (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- -

#### **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: Around 30 bbls.

#### **Land Use:**

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Ground wet from recent rain, cloudySurface Owner: FEEOther(Specify): Greg Stults

#### **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):

Spill was discovered this morning at 9:00AM MTN by a Foundation Energy pumper. Once discovered, the wells and flowline were shut-in. The vacuum truck picked up around 30 bbls of produced water. The spill is located 320 ft NE of the Hilltop #32-5 and contained on the lease road. The spill did not get into any waters of the state. The pumper said the line pressure was at 60 PSI. The cause of the leak looked to be a piece of pipe that had been crimped. A roustabout crew has fixed the line.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
10/26/2015	COGCC	Rob Young	303-252-0126	Via email. Awaiting response.
10/26/2015	LEPC	Roger Brown	970-630-3799	Via email. Awaiting response.
10/26/2015	Landowner	Greg Stults	970-630-0999	Left a voicemail. No response received yet.

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 11/03/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	31	30	<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>200</u>		Width of Impact (feet): <u>6</u>	
Depth of Impact (feet BGS): <u>1</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Extent of the spill was determined visually.			
Soil/Geology Description:			
Soil leans towards having a higher concentration of sand than dirt. Soil contaminated was a lease road with little to no vegetation on it from frequent use by trucks.			
Depth to Groundwater (feet BGS) <u>25</u>		Number Water Wells within 1/2 mile radius: <u>2</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>1276</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:			

Gypsum was spread on the leak on 10/26/2015. We are going to wait two weeks for the gypsum to work, then take samples.

## 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: 11/03/2015 Email: regulatory@foundationenergy.com

### COA Type

### Description

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## Attachment Check List

### Att Doc Num

### Name

400929060	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)