

**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:

400961788

Date Received:

12/31/2015

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

444406

## 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# 400958572

Initial Report Date: 12/22/2015      Date of Discovery: 12/21/2015      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 5 TWP 1N RNG 45W MERIDIAN 6Latitude: 40.080298 Longitude: -102.420949Municipality (if within municipal boundaries): \_\_\_\_\_ County: YUMA

#### 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- -

#### **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): 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: 20 bbls of produced water spilled

#### **Land Use:**

Current Land Use: NON-CROP LAND

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

Weather Condition: Dry sunnySurface Owner: FEEOther(Specify): Duared L Fix

#### **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):

Yesterday around 10:00 A.M. MTN a spill was discovered by Foundation Energy Management, LLC on our Republican #4 Water Transfer Station (40.08029884, -102.4209495). A tank sprung a leak on the inlet water line and spilled around 20 bbls of produced water. The spill was contained in the berm around the tanks. A vac truck was called out and sucked up 20 bbls of water and the leak was patched. The riser portion of the inlet water line is going to be replaced.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
12/22/2015	COGCC	Rob Young	303-252-0126	Left voicemail and email - no response.
12/22/2015	LEPC	Roger Brown	970-848-3799	Left email - no response
12/22/2015	Land Owner	Duard L Fix	970-332-5444	Left voicemail - no response.

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 12/31/2015		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	20	20	<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? YES 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): 58 Width of Impact (feet): 30

Depth of Impact (feet BGS): 2 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Extent of spill was determined visually.

Soil/Geology Description:

The soil within the berm is less sandy and more solid.

Depth to Groundwater (feet BGS) 40 Number Water Wells within 1/2 mile radius: 5

If less than 1 mile, distance in feet to nearest

Water Well	<u>0</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:

The portion of the inlet water line, that sprung the leak, has been patched and we will replace that part to prevent future spills. We are waiting till the weather is more favorable, then going to 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: 12/31/2015 Email: regulatory@foundationenergy.com

### COA Type

### Description

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## Attachment Check List

### Att Doc Num

### Name

400961788	FORM 19 SUBMITTED
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Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

Environmental	Changed depth of spill to Unk per Operator.	12/31/2015 2:22:07 PM
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Total: 1 comment(s)