

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:

400739566

Date Received:

11/26/2014

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

440332

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>	Phone Numbers
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# 400738536

Initial Report Date: 11/21/2014 Date of Discovery: 11/15/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 6 TWP 1N RNG 68W MERIDIAN 6Latitude: 40.085660 Longitude: -105.048340Municipality (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) 05-123-09813

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): UnknownEstimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): UnknownEstimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: dry, coldSurface 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):

Discovered two flowline leaks during flowline testing, both historical: Spill #1 approx 300' N/NW of well at SW corner of tank battery. Spill #2: approx 200-250' N/NW of well at center of tank battery. Both have been dug up and repaired, still determining the full extent of contamination at each of these locations. 30 cu. yds of soil has been dug up so far from the spill area and contamination is still present. We are working on a plan to remediate further and sample the areas.

List Agencies and Other Parties Notified:

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 11/24/2014		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL			<input checked="" type="checkbox"/>
CONDENSATE			<input checked="" 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): _____ Width of Impact (feet): _____

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

How was extent determined?

The flowline leak has yet to be dug up fully to see the extent of the impacted soil.

Soil/Geology Description:

Clay/loam

Depth to Groundwater (feet BGS) 29 Number Water Wells within 1/2 mile radius: 12

If less than 1 mile, distance in feet to nearest

Water Well	<u>941</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:

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 11/25/2014

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)

Discovered two flowline leaks during flowline testing, both historical: Spill #1 approx 300' N/NW of well at SW corner of tank battery. Spill #2: approx 200-250' N/NW of well at center of tank battery. Both have been dug up and repaired, still determining the full extent of contamination at each of these locations. 30 cu. yds of soil has been dug up so far from the spill area and contamination is still present. We are working on a plan to remediate further and sample the areas.

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

Repaired the flowline.

Volume of Soil Excavated (cubic yards): 30

Disposition of Excavated Soil (attach documentation) ☐ Offsite Disposal ☐ Onsite Treatment
☒ Other (specify) Soil still onsite. Still working to find extent of impact _____

Volume of Impacted Ground Water Removed (bbls): 0

Volume of Impacted Surface Water Removed (bbls): 0

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: Rachel Grant

Title: Sr. HSE/Regulatory Tech Date: 11/26/2014 Email: regulatory@foundationenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
400739566	SPILL/RELEASE REPORT(SUPPLEMENTAL)
400775169	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)