

State of Colorado
Oil and Gas Conservation Commission

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 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400973074

Date Received:

01/18/2016

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442986

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) 526-5592</u>
City: <u>DALLAS</u>	State: <u>TX</u>	Mobile: <u>(918) 638-1153</u>
Zip: <u>75248-6607</u>		Email: <u>regulatory@foundationenergy.com</u>
Contact Person: <u>Rachel Grant</u>		

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 6Latitude: 40.609950 Longitude: -104.128111Municipality (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 <1Estimated 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: Approximately 1 bbl oil, 9 bbls produced water released inside berms

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: drySurface Owner: FEEOther(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

Date	Agency/Party	Contact	Phone	Response
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

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	01/18/2016		
Cause of Spill (Check all that apply)				
<input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown				
<input type="checkbox"/> Other (specify) _____				
Describe Incident & Root Cause (include specific equipment and point of failure)				
<div>Root cause: malfunction in treater, water tank overflowed as result.</div>				
Describe measures taken to prevent the problem(s) from reoccurring:				
<div>Routinely check (and repair, if necessary) equipment in the field to prevent malfunctions from old equipment.</div>				
Volume of Soil Excavated (cubic yards): 80				
Disposition of Excavated Soil (attach documentation)				
<input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment				
<input type="checkbox"/> Other (specify) _____				
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: 01/18/2016 Email: regulatory@foundationenergy.com

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400973074	FORM 19 SUBMITTED
400973184	DISPOSAL MANIFEST
400973185	ANALYTICAL RESULTS
400973208	SITE MAP
400973209	ANALYTICAL RESULTS
400973211	SITE MAP

Total Attach: 6 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)