

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

401035858

Date Received:

05/02/2016

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

441949

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# 400843349

Initial Report Date: 05/22/2015 Date of Discovery: 04/03/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENE SEC 30 TWP 10N RNG 79W MERIDIAN 6

Latitude: 40.812241 Longitude: -106.301789

Municipality (if within municipal boundaries): _____ County: JACKSON

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) 05-057-06124

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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >=1 and <5Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Estimated approx. 4 bbls of oil spilled within containment

Land Use:

Current Land Use: CROP LAND

Other(Specify): _____

Weather Condition: VariousSurface Owner: FEEOther(Specify): Colton Miller- Silver Spur Ranches

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):

On 4/3/2015, the valve on the treater's interphase broke, causing fluid to spill onto the ground in the treater house. Approximately four (4) barrels of oil spilled, contained within the berms. The treater house was vacuumed out and power washed, the pumper changed valves on the treater and it restarted with no problem. This incident was reported internally on 4/7/15. After initial review, it was determined that this spill was non-reportable per COGCC standards, as it was less than five barrels and was contained by the berms. Per conversation with Alex Fischer and Inspection # 677900073, Foundation is filing a Form 19 to document this release.

List Agencies and Other Parties Notified:

CORRECTIVE ACTIONS

| | | | | |
|--|---------------------------|--|---|---|
| #1 | Supplemental Report Date: | 04/26/2016 | | |
| 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) | | | | |
| Valve on treater's interphase broke causing approximately 4 bbls of oil to release from the treater. The heater treater building was vacuumed out, power washed and the valves were changed on the heater treater before it was restarted. | | | | |
| Describe measures taken to prevent the problem(s) from reoccurring: | | | | |
| Regular maintenance will occur on the equipment on site to prevent future leaks and spills. | | | | |
| Volume of Soil Excavated (cubic yards): 0 | | | | |
| Disposition of Excavated Soil (attach documentation) | | <input 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: 05/02/2016 Email: regulatory@foundationenergy.com

COA Type

Description

| | |
|--|--|
| | |
|--|--|

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 401035858 | FORM 19 SUBMITTED |
|-----------|-------------------|

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|--------------------------|
| Environmental | This spill is closed, further investigation will be combined with spill number 401035767. | 5/20/2016 12:05:22 PM |

Total: 1 comment(s)