

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:

400700961

Date Received:

11/07/2014

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

439655

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC	Operator No: 10112	<b>Phone Numbers</b>
Address: 16000 DALLAS PARKWAY #875		Phone: (918) 526-5592
City: DALLAS State: TX Zip: 75248-6607		Mobile: (918) 585-1660
Contact Person: Rachel Grant		Email: regulatory@foundationenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400698379

Initial Report Date: 09/30/2014 Date of Discovery: 01/21/2014 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SW SW SEC 2 TWP 1N RNG 67W MERIDIAN 6

Latitude: 40.074750 Longitude: -104.865280

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: FLOWLINE  Facility/Location ID No \_\_\_\_\_

Spill/Release Point Name: \_\_\_\_\_  No Existing Facility or Location ID No.

Number: \_\_\_\_\_  Well API No. (Only if the reference facility is well) 05-123-07467

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): Unknown Estimated Condensate Spill Volume(bbl): Unknown

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): Unknown

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

Land Use:

Current Land Use: OTHER Other(Specify): Wellpad

Weather Condition: sunny, dry

Surface 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):

Anadarko (shared tank battery) gave notice when they were boring around their current lines that they discovered historical contamination. Foundation shut-in their well and lines during this testing period. An area was dug up on the well pad at which point the flowlines for multiple wells crossed. Contamination was visible at the area where all the lines meet. It was unsure whether historical contamination occurred from Foundation or Anadarko's lines. Samples were collected shortly thereafter that exceeded BTEX and TPH. Foundation is trying to determine the cause of the contamination and develop a plan to remediate the area.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
9/30/2014	COGCC	Chris Canfield	303-894-2100	Left message to discuss

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 11/03/2014

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): 15 Width of Impact (feet): 15

Depth of Impact (feet BGS): 6 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

A soil sample was collected on 2/18/14 from each sidewall and the excavation base. The sidewall samples were placed on laboratory hold pending the results of the excavation base. Analytical results for the sample collected from the excavation base (Base @6.5') were above the Table 910-1 standard for TPH (1216 mg/kg). Delineation will be conducted to determine the complete extent and remediation steps needed to obtain No Further Action. Groundwater was not encountered in the excavation.

Soil/Geology Description:

Shingle Loam, 3-9 % slopes

Depth to Groundwater (feet BGS) 15 Number Water Wells within 1/2 mile radius: 5

If less than 1 mile, distance in feet to nearest

Water Well	<u>1860</u>	None <input type="checkbox"/>	Surface Water	<u>350</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	<u>1350</u>	None <input type="checkbox"/>	Occupied Building	<u>1710</u>	None <input type="checkbox"/>

Additional Spill Details Not Provided Above:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	11/06/2014
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify) _____		
Describe Incident & Root Cause (include specific equipment and point of failure)		
A flowline coupler leak and release of fluids in the subsurface; non detectable on surface, was discovered by a 3rd party digging potholes to locate burried lines in a shared right-of-way.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Leaking coupler was replaced as well as old section of flowline. Known leaks will be addressed and reported, if necessary, immediately upon discovery.		
Volume of Soil Excavated (cubic yards):		
54		
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: 8800

### OPERATOR COMMENTS:

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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: 11/07/2014 Email: regulatory@foundationenergy.com

### Condition of Approval

#### COA Type

#### Description

0 COA	
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### Attachment List

Att Doc Num	Name
400700961	SPILL/RELEASE REPORT(SUPPLEMENTAL)
400725439	ANALYTICAL RESULTS
400725934	SITE MAP
400725962	OTHER
400775143	FORM 19 SUBMITTED

Total Attach: 5 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)