

State of Colorado
Energy & Carbon Management Commission



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Document Number:

404267696

Date Received:

07/03/2025

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to ECMC Rule 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

Spill report taken by:

Anderson, Laurel

Spill/Release Point ID:

483043

OPERATOR INFORMATION

Name of Operator: <u>FUNDARE RESOURCES OPERATING COMPANY LLC</u>	Operator No: <u>10773</u>	Phone Numbers
Address: <u>5251 DTC PKWY STE 950</u>		Phone: <u>(303) 910-4511</u>
City: <u>GREENWOOD VILLAGE</u> State: <u>CO</u> Zip: <u>80111</u>		Mobile: <u>()</u>
Contact Person: <u>Sydney Smith</u>		Email: <u>ssmith@fundareresources.com</u>

Transfer of Operatorship: Pursuant to Rule 912.f, this Supplemental Form 19 is being submitted to designate the Buying Operator as the responsible Operator for this Spill and Release.

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 403177095

Initial Report Date: 09/25/2022 Date of Discovery: 09/24/2022 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NENW SEC 4 TWP 9N RNG 59W MERIDIAN 6

Latitude: 40.785820 Longitude: -103.985890

Municipality (if within municipal boundaries): N/A County: WELD

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Check this box if this spill/release is related to a loss of integrity of a flowline, pipeline, crude oil transfer line, or produced water transfer line.

Reference Location:

Facility Type: WELL SITE

Facility/Location ID No _____

Spill/Release Point Name: Wildhorse 04-0424H

Well API No. (Only if the reference facility is well) 05-123-34896

No Existing Facility or Location ID No.

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

Estimated Oil Spill Volume(bbl): >0 and <1

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): 0

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

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Has the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

Current Land Use: OTHER _____

Other(Specify): Well Site _____

Weather Condition: Clear 82 degrees _____

Surface Owner: FEE _____

Other(Specify): _____

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Less than a bbl of oil released out the flare due to an upset condition. The release left the pad and caused a small fire approximately 10ftx10ft. The fire was immediately extinguished and no equipment or personnel were harmed. Clean up has commenced

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
9/25/2022	Surface Owner	Timbro Ranch	-	Pending
9/25/2022	CPW	Brandon Marrett	-	Pending
9/25/2022	Weld County	Jason Maxey	-	Submitted

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

No Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.

Waters of the State: n/a Public Water System: n/a
 Residence or Occupied Structure: n/a Livestock: n/a
 Wildlife: n/a Publicly-Maintained Road: n/a

Yes Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.

No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.

No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak

Enter the approximate time of discovery _____ (HH:MM)
 Enter the Document Number of the Grade 1 Gas Leak Report, Form 44 _____
 Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? No
 Enter the Document Number of the Initial Accident Report, Form 22 _____
 Was there damage during excavation? _____
 Was CO 811 notified prior to excavation? _____

No Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.

Estimated Volume of Impacted Solids (cu. yd.): _____

No Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:

- The presence of free product or hydrocarbon sheen Surface Water
- The presence of free product or hydrocarbon sheen on Groundwater
- The presence of contaminated soil in contact with Groundwater
- The presence of contaminated soil in contact with Surface water

No	Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylights from the subsurface.
Yes	Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property.
	<input checked="" type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way
No	Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.
No	Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: <u>07/03/2025</u>		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>1</u>	<u>1</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
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) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>10</u>		Width of Impact (feet): <u>10</u>	
Depth of Impact (feet BGS): _____		Depth of Impact (inches BGS): _____	
How was extent determined?			
Extent of the impacts were determined visually, they will be determined with soil sampling.			
Soil/Geology Description:			
Soil geology at this site, begins with pad material grading to a sandy silty soil with mixed gravel, grading to a siltstone at 4'.			
Depth to Groundwater (feet BGS) <u>114</u>		Number Water Wells within 1/2 mile radius: <u>0</u>	
If less than 1 mile, distance in feet to nearest	Water Well <u>4600</u> None <input type="checkbox"/>	Surface Water <u>425</u> None <input type="checkbox"/>	
	Wetlands <u>0</u> None <input type="checkbox"/>	Springs <u>0</u> None <input type="checkbox"/>	
	Livestock <u>0</u> None <input type="checkbox"/>	Occupied Building <u>0</u> None <input type="checkbox"/>	
Additional Spill Details Not Provided Above:			

CORRECTIVE ACTIONS

#1 Supplemental Report Date: 07/03/2025

Root Cause of Spill/Release Equipment Failure

Other (specify)

Type of Equipment at Point of Spill/Release: Flare

If "Other" selected above, specify or describe here:

Empty text box for specifying other equipment details.

Describe Incident & Root Cause (include specific equipment and point of failure)

The cause of the spill was determined to be due to an upset condition on the pad that resulted in pressure building up in the line and causing a release to escape through the top of the flare. The fire that occurred as a result was extinguished naturally prior to discovery.

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

The flare has been removed

Volume of Soil Excavated (cubic yards): 1

Disposition of Excavated Soil (attach documentation) [X] Offsite Disposal [] Onsite Treatment [] 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... [] Horizontal and Vertical extents... [] Documentation of compliance... [] All E&P Waste... [X] Work proceeding under an approved Form 27... Form 27 Remediation Project No: 28778 [] SUSPECTED Spill/Release did not occur...

OPERATOR COMMENTS:

This form is being submitted in response to ECMC inspection Doc. # 718200040. This is being submitted to close out the form 19 and move all updates to the remediation form 27s. All updates will be provided in a remediation form 27, including updated maps, photos, and analytical.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Sydney Smith
Title: Director EHSR Date: 07/03/2025 Email: ssmith@fundareresources.com

Table with 2 columns: COA Type, Description. Row 1: 0 COA

ATTACHMENT LIST

Att Doc Num **Name**

404267896	SITE MAP
404267898	TOPOGRAPHIC MAP

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)