

**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:

400742650

Date Received:

12/04/2014

Spill report taken by:

Spencer, Stan

Spill/Release Point ID:

440130

## 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>	<b>Phone Numbers</b>
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# 400738975

Initial Report Date: 11/24/2014      Date of Discovery: 11/21/2014      Spill Type: Historical Release

#### Spill/Release Point Location:

Location of Spill/Release:    QTRQTR SE W    SEC 14    TWP 4S    RNG 104W    MERIDIAN 6

Latitude: 39.712770      Longitude: -109.041060

Municipality (if within municipal boundaries): \_\_\_\_\_ County: RIO BLANCO

#### Reference Location:

Facility Type: WELL      ☐ Facility/Location ID No \_\_\_\_\_  
☐ No Existing Facility or Location ID No.  
☒ Well API No. (Only if the reference facility is well) 05-103-10446

#### 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): 0      Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0      Estimated Produced Water Spill Volume(bbl): >=1 and <5

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

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

#### Land Use:

Current Land Use: NON-CROP LAND      Other(Specify): \_\_\_\_\_

Weather Condition: Partly cloudy, dry

Surface Owner: FEDERAL      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):

Well head broke at nipple at two valves on the tubing side of the well head. This allowed some water from the flowline to spill onto location at an estimated 2-3 bbls of production water. Exact cause is unknown, but we think that the rods spun backwards at a high speed causing the bearing to seize, putting force into the wellhead. This then caused the well head to spin 270 degrees counter-clockwise after breaking the flow line.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
11/24/2014	COGCC	Stan Spencer	970-6252497	Did not pick up phone, left message.
11/24/2014	LEPC	John Hutchins	970-878-5023	Number disconnected, sent email at <a href="mailto:jhutchins@co.rio-blanco.co.us">jhutchins@co.rio-blanco.co.us</a>

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 12/01/2014			
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown	
OIL	0	0	<input type="checkbox"/>	
CONDENSATE	0	0	<input type="checkbox"/>	
PRODUCED WATER	3	0	<input 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? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>				
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>				
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>				
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): 100	Width of Impact (feet): 10	
		Depth of Impact (feet BGS): 0	Depth of Impact (inches BGS): _____	
How was extent determined?				
The extent was determined by sight. No excavation has been done.				
Soil/Geology Description:				
Brown dirt with sand				
Depth to Groundwater (feet BGS) 100		Number Water Wells within 1/2 mile radius: 0		
If less than 1 mile, distance in feet to nearest		Water Well _____ None <input checked="" type="checkbox"/>	Surface Water 989	None <input type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____	None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____	None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:				

The surface owner, BLM (Craig Williamson took our call), was notified 11/24 and said they would get back to us if they required any additional work to be done. Please also not that this is not a historical spill - that was a mis-click. It was a recent spill due to a break in the flowline.

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 12/01/2014
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>Well head broke at nipple at two valves on the tubing side of the well head. This allowed some water from the flowline to spill onto location at an estimated 2-3 bbls of production water. Exact cause is unknown, but we think that the rods spun backwards at a high speed causing the bearing to seize, putting force into the wellhead. This then caused the well head to spin 270 degrees counter-clockwise after breaking the flow line.</div>	
Describe measures taken to prevent the problem(s) from reoccurring: <div>The well has been shut in since discovered and we are working to fix the equipment.</div>	
Volume of Soil Excavated (cubic yards): 0	
Disposition of Excavated Soil (attach documentation) <input type="checkbox"/> Offsite Disposal <input checked="" 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: \_\_\_\_\_

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: 12/04/2014 Email: regulatory@foundationenergy.com

### COA Type

### Description

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## Attachment Check List

Att Doc Num	Name
400742650	FORM 19 SUBMITTED
400742717	SITE MAP

Total Attach: 2 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Cleanup contaminated soil and either dispose at a licensed offsite facility or submit a COGCC Form 27 plan to remediate onsite. Following cleanup, submit representative soil sample data from spill area indicating compliance with Table 910-1 concentration levels.	12/4/2014 2:19:21 PM

Total: 1 comment(s)