

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:

400836338

Date Received:

05/06/2015

Spill report taken by:

CANFIELD, CHRIS

Spill/Release Point ID:

441640

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: 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) 638-1153
Contact Person: Rachel Grant		Email: regulatory@foundationenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400833480

Initial Report Date: 04/30/2015 Date of Discovery: 04/28/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENW SEC 27 TWP 2N RNG 68W MERIDIAN 6

Latitude: 40.116608 Longitude: -104.991750

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: FLOWLINE  Facility/Location ID No   
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05-123-08536

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 and <1 Estimated Condensate Spill Volume(bbl): 0

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: Cleaned up <1 bbl oil release from dumpline test. Unknown amount of water from historical release

Land Use:

Current Land Use: CROP LAND Other(Specify):

Weather Condition: Dry, sunny

Surface Owner: FEE Other(Specify): Clay L Mizer

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):

A small leak was discovered on the oil dump line to the tanks at the Jillson Battery (causing <1 bbl oil to spill). When digging up the area to remove stained soil and repair the leak, a historical spill was discovered from the old water dumphline in the same area.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
4/30/2015	COGCC	Bob Chesson	303-894-2100 x5112	Left message to report discovery of historical release
4/30/2015	Land Owner	Clay L Mizer	307-587-3434	Left message to report discovery of historical release
4/30/2015	Weld County LEPC	Roy Rudisill	970-356-4000 x3990	Left message to report discovery of historical release

**SPILL/RELEASE DETAIL REPORTS**

#1 Supplemental Report Date: 05/06/2015

<b>FLUIDS</b>	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	<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? 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): \_\_\_\_\_ Width of Impact (feet): \_\_\_\_\_

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

How was extent determined?

Investigation is still underway to determine the full extent of this historical release. On-site sampling with a PID meter will be conducted as well as Table 910 testing to determine impacted soil for treatment or removal.

Soil/Geology Description:

Unknown

Depth to Groundwater (feet BGS) 192 Number Water Wells within 1/2 mile radius: 4

If less than 1 mile, distance in feet to nearest

Water Well	<u>1877</u>	None <input type="checkbox"/>	Surface Water	<u>93</u>	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:

## CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/06/2015	
Cause of Spill (Check all that apply)			
<input type="checkbox"/> Human Error <input 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)			
Line leak from water line. Still investigating the root cause of the historical contamination.			
Describe measures taken to prevent the problem(s) from reoccurring:			
Flowline testing periodically as well as on-site visual inspections of the flowline areas.			
Volume of Soil Excavated (cubic yards): _____			
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:

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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: 05/06/2015 Email: regulatory@foundationenergy.com

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

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400836338	FORM 19 SUBMITTED

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)