

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:

400844930

Date Received:

05/27/2015

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

441827

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 Address: 16000 DALLAS PARKWAY #875 City: DALLAS State: TX Zip: 75248-6607 Contact Person: Rachel Grant Phone Numbers: (918) 526-5592 (918) 638-1153 regulatory@foundationenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400841189

Initial Report Date: 05/19/2015 Date of Discovery: 05/18/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSE SEC 18 TWP 2N RNG 63W MERIDIAN 6

Latitude: 40.132900 Longitude: -104.473240

Municipality (if within municipal boundaries): County: WELD

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) 05-123-07952

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): >=1 and <5 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: Approximately 4-5 bbls of produced water and oil mix spilled due to a stuffing box leak

Land Use:

Current Land Use: CROP LAND Other(Specify): Weather Condition: Rainy Surface Owner: FEE Other(Specify): Julius Plus

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):

When pumper arrived on location on 5/18, it was discovered that the stuffing box had developed a leak and approximately 4-5 bbls were spilled on location, near the wellhead, in a 18' x 3' area. The well was shut-in to repair the stuffing box and a vac truck dispatched to location to vacuum up the free-standing fluid on the ground and return it to the tank.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/19/2015	COGCC	Bob Chesson	303-894-2100 x5112	Left message to verbally report spill
5/19/2015	Weld County LEPC	Roy Rudisill	970-356-4000 x3990	Emailed to report spill
5/19/2015	Landowner	Julius Plus (Kauffman Bro	303-753-1870	Left message to verbally report spill

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 05/27/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>2</u>	<u>2</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>2</u>	<u>2</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: 4-5 bbls of produced water and oil mix

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): 10 Width of Impact (feet): 5

Depth of Impact (feet BGS): 0 Depth of Impact (inches BGS): 6

How was extent determined?

Visual inspection when removing dirt from location at the spill area.

Soil/Geology Description:

Unknown.

Depth to Groundwater (feet BGS) 31 Number Water Wells within 1/2 mile radius: 7

If less than 1 mile, distance in feet to nearest

Water Well	<u>1280</u>	None <input type="checkbox"/>	Surface Water	<u> </u>	None <input checked="" type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u> </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u> </u>	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	05/27/2015		
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)				
Stuffing box leak occurred on the wellhead.				
Describe measures taken to prevent the problem(s) from reoccurring:				
Packing was replaced on the wellhead. Pumper will continue to monitor the stuffing box regularly and repaired when needed.				
Volume of Soil Excavated (cubic yards):		1		
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: _____

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: 05/27/2015 Email: regulatory@foundationenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)