

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400891880

Date Received:

08/28/2015

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

442986

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

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400888651

Initial Report Date: 08/24/2015 Date of Discovery: 08/20/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 6 TWP 7N RNG 60W MERIDIAN 6Latitude: 40.609950 Longitude: -104.128111Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: TANK BATTERY☐ Facility/Location ID No _____☐ No Existing Facility or Location ID No.☒ Well API No. (Only if the reference facility is well) 05-123-20169

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

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? Yes

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

Estimated Oil Spill Volume(bbl): >0 and <1Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Approximately 1 bbl oil, 9 bbls produced water released inside berms

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: drySurface Owner: FEEOther(Specify): Robert E Hill

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):

Due to a malfunction in the treater, the water tank overflowed, spilling approximately 10 barrels (1 bbl oil, 9 bbls water) inside the berms on location. A vac-truck was dispatched immediately and sucked up the free-standing fluid.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

| Date | Agency/Party | Contact | Phone | Response |
|-----------|------------------|--------------|--------------|--|
| 8/20/2015 | COGCC | Rick Allison | 970-461-2970 | Email to notify of release, call on 8/21 |
| 8/20/2015 | Landowner | Robert Hill | 970-656-3648 | Called to notify of release, already aware |
| 8/24/2015 | Weld County LEPC | Roy Rudisill | 970-304-6540 | Email to notify of release |

SPILL/RELEASE DETAIL REPORTS

| | | | |
|---|--|--|--------------------------|
| #1 | Supplemental Report Date: 08/28/2015 | | |
| FLUIDS | BBL's SPILLED | BBL's RECOVERED | Unknown |
| OIL | 1 | 1 | <input type="checkbox"/> |
| CONDENSATE | 0 | 0 | <input type="checkbox"/> |
| PRODUCED WATER | 9 | 9 | <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>YES</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>12</u> | | Width of Impact (feet): <u>12</u> | |
| Depth of Impact (feet BGS): <u>2</u> | | Depth of Impact (inches BGS): <u>0</u> | |
| How was extent determined? | | | |
| Full extent yet to be determined. Visual impacts on the surface within the bermed area. Samples were collected to analyze per Table 910 standards. | | | |
| Soil/Geology Description: | | | |
| Unknown. | | | |
| Depth to Groundwater (feet BGS) <u>10</u> | | Number Water Wells within 1/2 mile radius: <u>2</u> | |
| If less than 1 mile, distance in feet to nearest | Water Well <u>2093</u> None <input type="checkbox"/> | Surface Water <u>3090</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: | | | |

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:

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: 08/28/2015 Email: regulatory@foundationenergy.com

Attachment Check List

Att Doc Num

Name

| | |
|-----------|-----------------|
| 400892077 | TOPOGRAPHIC MAP |
|-----------|-----------------|

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| | | |
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Total: 0 comment(s)