

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400920862

Date Received:

10/21/2015

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

443564

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) 526-5591</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248-6607</u>		Mobile: <u>(918) 636-7239</u>
Contact Person: <u>Caitlin O'Hair</u>		Email: <u>regulatory@foundationenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400917571

Initial Report Date: 10/14/2015 Date of Discovery: 10/14/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 20 TWP 1N RNG 45W MERIDIAN 6

Latitude: 40.044849 Longitude: -102.433145

Municipality (if within municipal boundaries): _____ County: YUMA

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) 05-125-08613

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: Between 1 - 2 bbls of produced water leaked out

Land Use:

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

Weather Condition: Mostly Sunny, no rain

Surface Owner: FEE Other(Specify): Dallas L. & Maxine Godsey

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):

COGCC Inspector Susan Sherman noticed the 1" nipple on the back side of the flow-T, on our wellhead, had split and caused a leak of 1-2 bbls of produced water. The water leaked from the wellhead and down the hill from the pad about 10 feet and pooled in a low-area on the surface. The leaking nipple has been replaced.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
10/14/2015	COGCC	Rob Young	303-252-0126	Sent via email rob.young@state.co.us . Awaiting response
10/14/2015	LEPC	Roger Brown	970-848-3799	Sent via email yumaoem@wycomm.org . Awaiting response.
10/14/2015	Land Owner	Dallas L. & Maxine Godsey	970-332-3277	Left voicemail message. Awaiting response

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 10/20/2015

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	2	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? 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): 15 Width of Impact (feet): 10

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

How was extent determined?

Pumper and foreman visually determined the extent of the spill.

Soil/Geology Description:

Soil leans towards having a higher concentration of sand than dirt.

Depth to Groundwater (feet BGS) 93 Number Water Wells within 1/2 mile radius: 6

If less than 1 mile, distance in feet to nearest

Water Well	<u>730</u>	None <input type="checkbox"/>	Surface Water	None <input checked="" 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:

Gypsum was spread on the leak on 10/19/2015. We are going to wait two weeks for the gypsum to work, then take some preliminary PID samples to determine the soil status. If the PID samples come back clean, we plan to take 3 samples within the extent of the spill, and sample at 6" deep from the surface and another set of samples at 2' deep (testing for EC, SAR, and pH). A background sample will also be taken at 6" deep and 2' deep.

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: Caitlin O'Hair

Title: HSE/Regulatory Tech Date: 10/21/2015 Email: regulatory@foundationenergy.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400920862	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)