

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:

401016736

Date Received:

03/29/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

445282

**SPILL/RELEASE REPORT (INITIAL)**

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) 526-5592</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248-6607</u>		Mobile: <u>(918) 638-1153</u>
Contact Person: <u>Rachel Grant</u>		Email: <u>regulatory@foundationenergy.com</u>

**INITIAL SPILL/RELEASE REPORT**

Initial Spill/Release Report Doc# 401016736

Initial Report Date: 03/29/2016 Date of Discovery: 03/27/2016 Spill Type: Recent Spill

**Spill/Release Point Location:**

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

Latitude: 40.135708 Longitude: -104.479633

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) 05-123-07611

**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? 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): >0 and <1

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

Specify: At most 1.5 bbls of oil/water mix was released

**Land Use:**

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

Weather Condition: Sunny, melting snow

Surface Owner: FEE 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):

Pumper arrived on location at 9:30am on 3/27 to discover a small line leak in the flowline going into the battery separator. There was approximately 0.5 bbl of fluid on the ground at the release point. Well production rates average around 1.5 bbls of oil/water per day, so that is the maximum release that could have occurred based on when the well was checked. Fluid is contained on the battery wellpad.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/29/2016	COGCC	Bob Chesson	303-894-2100 x5112	Left voicemail notifying of release, sent email
3/29/2016	Weld County LEPC	Roy Rudisill	970-356-4000 x3990	Sent email about release
3/29/2016	Surface Owner	Julius Pluss/ Kaufman LP	720-320-5089	Left voicemail notifying of release

**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: 03/29/2016 Email: regulatory@foundationenergy.com

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

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401016736	FORM 19 SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)