

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:

401019788

Date Received:

04/01/2016

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

444406

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# 400958572

Initial Report Date: 12/22/2015 Date of Discovery: 12/21/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNW SEC 5 TWP 1N RNG 45W MERIDIAN 6

Latitude: 40.080298 Longitude: -102.420949

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

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- _____

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 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

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

Specify: 20 bbls of produced water spilled

Land Use:

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

Weather Condition: Dry sunny

Surface Owner: FEE Other(Specify): Duard L Fix

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):

Yesterday around 10:00 A.M. MTN a spill was discovered by Foundation Energy Management, LLC on our Republican #4 Water Transfer Station (40.08029884, -102.4209495). A tank sprung a leak on the inlet water line and spilled around 20 bbls of produced water. The spill was contained in the berm around the tanks. A vac truck was called out and sucked up 20 bbls of water and the leak was patched. The riser portion of the inlet water line is going to be replaced.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
12/22/2015	COGCC	Rob Young	303-252-0126	Left voicemail and email - no response.
12/22/2015	LEPC	Roger Brown	970-848-3799	Left email - no response
12/22/2015	Land Owner	Duard L Fix	970-332-5444	Left voicemail - no response.

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: 04/01/2016 Email: regulatory@foundationenergy.com

COA Type

Description

COA Type	Description

Attachment Check List

Att Doc Num

Name

401019788	FORM 19 SUBMITTED
401019789	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)