

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:

401017209

Date Received:

04/01/2016

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>	Mobile: <u>(918) 636-7239</u>
Zip: <u>75248-6607</u>		Email: <u>regulatory@foundationenergy.com</u>
Contact Person: <u>Caitlin O'Hair</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 6Latitude: 40.044849 Longitude: -102.433145Municipality (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): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=1 and <5Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Between 1 - 2 bbls of produced water leaked out

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: Mostly Sunny, no rainSurface 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

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
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

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

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Attachment Check List

Att Doc Num

Name

401017209	FORM 19 SUBMITTED
401019785	ANALYTICAL RESULTS

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)