

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:

401022296

Date Received:

04/05/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

445282

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> 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

Date	Agency/Party	Contact	Phone	Response
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

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 04/05/2016

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	<u>1</u>	<u>1</u>	<input type="checkbox"/>
CONDENSATE	<u>0</u>	<u>0</u>	<input type="checkbox"/>
PRODUCED WATER	<u>0</u>	<u>0</u>	<input type="checkbox"/>
DRILLING FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
FLOW BACK FLUID	<u>0</u>	<u>0</u>	<input type="checkbox"/>
OTHER E&P WASTE	<u>0</u>	<u>0</u>	<input type="checkbox"/>

specify: The estimate of ~1 bbl of oil is still pretty accurate.

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): 30 Width of Impact (feet): 4

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): _____

How was extent determined?

This is an estimate of size that was dug up around the flowline to make the repair. When we sample we will have a more definitive answer of total soil that needs to be removed to be within Table 910 standards.

Soil/Geology Description:

Unknown

Depth to Groundwater (feet BGS) 500 Number Water Wells within 1/2 mile radius: 7

If less than 1 mile, distance in feet to nearest

Water Well	<u>500</u>	None <input type="checkbox"/>	Surface Water	<u> </u>	None <input checked="" type="checkbox"/>
Wetlands	<u> </u>	None <input checked="" type="checkbox"/>	Springs	<u> </u>	None <input checked="" type="checkbox"/>
Livestock	<u> </u>	None <input checked="" type="checkbox"/>	Occupied Building	<u> </u>	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: 04/05/2016 Email: regulatory@foundationenergy.com

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401022296	FORM 19 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)