

**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:

401024789

Date Received:

04/08/2016

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

445347

## 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>	<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>	Mobile: <u>(918) 638-1153</u>
Zip: <u>75248-6607</u>		Email: <u>regulatory@foundationenergy.com</u>
Contact Person: <u>Rachel Grant</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401019518

Initial Report Date: 03/31/2016      Date of Discovery: 03/31/2016      Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR SENW SEC 18 TWP 2N RNG 63W MERIDIAN 6Latitude: 40.139458 Longitude: -104.481500Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### 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? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): >0 and <1Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: Between 0.5- 1 bbl of oil estimated

#### Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): \_\_\_\_\_

Weather Condition: Dry, sunnySurface Owner: FEEOther(Specify): Guttersen Ranches, LLC - Art Guttersen

#### 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):

This release occurred at the dump line on the battery wellpad - between the heater treater and tanks. We believe there was a paraffin block in the line, so we pumped 0.5 bbl of hot oil in the line to clear it, lost pressure and then saw about 0.5 gallon of oil surface on the ground. The fluid is contained to the dumphline area, repair of the line will begin on Monday, April 4.

**List Agencies and Other Parties Notified:**

**OTHER NOTIFICATIONS**

Date	Agency/Party	Contact	Phone	Response
3/31/2016	COGCC	Bob Chesson	303-894-2100 x5112	Left message verbally reporting the spill
3/31/2016	Weld County LEPC	Roy Rudisill	970-356-4000 x3990	Sent email reporting the spill
3/31/2016	Guttersen Ranches, LLC	Art Gutterson	970-396-8888	Left message verbally reporting the spill

**SPILL/RELEASE DETAIL REPORTS**

#1	Supplemental Report Date: 04/08/2016		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	1	1	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	0	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: Still believe <1 bbl of oil was released from the line.

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): 5 Width of Impact (feet): 25

Depth of Impact (feet BGS): 4 Depth of Impact (inches BGS): \_\_\_\_\_

How was extent determined?

Visual observation on location and measurement with PID meter.

Soil/Geology Description:

Sandy clay

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

If less than 1 mile, distance in feet to nearest

Water Well	<u>2576</u>	None <input type="checkbox"/>	Surface Water	<u>8251</u>	None <input 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:

## 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: 04/08/2016 Email: regulatory@foundationenergy.com

### COA Type

### Description

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## Attachment Check List

### Att Doc Num

### Name

401024789	FORM 19 SUBMITTED
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Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

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Total: 0 comment(s)