

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401525690

Date Received:

01/26/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

453779

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. 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>5057 KELLER SPRINGS RD STE 650</u>		Phone: <u>(303) 2448114</u>
City: <u>ADDISON</u>	State: <u>TX</u>	Zip: <u>75001</u>
Contact Person: <u>Alyssa Beard</u>		Mobile: <u>(720) 2572302</u>
		Email: <u>abeard@foundationenergy.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401516727

Initial Report Date: 01/17/2018 Date of Discovery: 01/17/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR Lot 4 SEC 6 TWP 7N RNG 59W MERIDIAN 6

Latitude: 40.611190 Longitude: -104.025991

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

Reference Location:

Facility Type: TANK BATTERY Facility/Location ID No 435380
 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? 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): >=1 and <5 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

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

Specify: _____

Land Use:

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

Weather Condition: Sunny

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):

The release was caused by over-pressuring of the fire tube gasket on the treater. The well was immediately shut in and pressure was removed from the treater vessel. A vac truck removed remaining fluids from the treater and removed standing oil from the ground.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
1/18/2018	Weld County LEPC	Roy Rudisill	-	Emailed release information
1/18/2018	Landowner	Don Wickstrom	970-6563676	Left voicemail with release information
1/18/2018	COGCC	Rick Allison	970-4612970	Notified Rick of release in a phone call

SPILL/RELEASE DETAIL REPORTS

#1 Supplemental Report Date: 01/26/2018

FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	2	0	<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: _____

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): 125 Width of Impact (feet): 35

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

How was extent determined?

The release impacted a surficial area of rangeland southeast of the heater treater with a spray from the ruptured gasket. The extent was initially determined visually as a crew arrived to remove impacted soil. Rick Allison from COGCC provided further direction after arriving on location. To confirm that impacted soil exceeding the COGCC Table 910 standard was removed, confirmation soil samples were collected on January 23, 2018. The samples were collected from approximately 2" bgs in the area that had been scraped to remove stained soil on the surface. The sample locations are shown on the attached map. The samples were then sent to Summit Scientific for analysis of GBTEX and DRO.

Soil/Geology Description:

Platner Loam, 0-3% slopes

Depth to Groundwater (feet BGS) 20 Number Water Wells within 1/2 mile radius: 2

If less than 1 mile, distance in feet to nearest Water Well 2133 None Surface Water _____ None
 Wetlands _____ None Springs _____ None
 Livestock _____ None Occupied Building _____ None

Additional Spill Details Not Provided Above:

CORRECTIVE ACTIONS

#1	Supplemental Report Date:	01/25/2018
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input checked="" type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input type="checkbox"/> Other (specify)	_____	
Describe Incident & Root Cause (include specific equipment and point of failure)		
The fire tube gasket on the heater treater failed due to over-pressuring.		
Describe measures taken to prevent the problem(s) from reoccurring:		
The upper and lower gaskets and both PRV's were replaced by Foundation and tested in order to prevent overpressure on the vessel in the future.		
Volume of Soil Excavated (cubic yards): 10		
Disposition of Excavated Soil (attach documentation)		
<input checked="" type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> Other (specify)	_____	
Volume of Impacted Ground Water Removed (bbls): 0		
Volume of Impacted Surface Water Removed (bbls): 0		

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:

Confirmation soil samples have been submitted to Summit Scientific laboratory, but results are not yet available at the time of this submission. Foundation will submit a Supplemental Form 19 with either a Request for Closure or follow-up sampling after further soil removal, based on the results of the confirmation samples. The Supplemental Form 19 will also include the manifest for off-site soil disposal of impacted soil.

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Alyssa Beard

Title: EHS & Regulatory Date: 01/26/2018 Email: abeard@foundationenergy.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401525690	SPILL/RELEASE REPORT(SUPPLEMENTAL)
401525768	TOPOGRAPHIC MAP
401525797	SITE MAP
401532841	FORM 19 SUBMITTED

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)