

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:

401872524

Date Received:

12/13/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

459902

SPILL/RELEASE REPORT (INITIAL)

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: FOUNDATION ENERGY MANAGEMENT LLC	Operator No: 10112	Phone Numbers
Address: 5057 KELLER SPRINGS RD STE 650		Phone: (303) 2448114
City: ADDISON State: TX Zip: 75001		Mobile: ()
Contact Person: Alyssa Beard		Email: abeard@foundationenergy.com

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401872524

Initial Report Date: 12/12/2018 Date of Discovery: 12/10/2018 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SESE SEC 21 TWP 8N RNG 58W MERIDIAN 6

Latitude: 40.642990 Longitude: -103.860697

Municipality (if within municipal boundaries): County: WELD

Reference Location:

Facility Type: WELL Facility/Location ID No 330359

Spill/Release Point Name: Sooner 21-16-9 No Existing Facility or Location ID No.

Number: 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 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:

Land Use:

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

Weather Condition: Sunny 45 degrees

Surface Owner: FEE Other(Specify): Marcia Clark

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 a loosened hammer union at the 21-16-9 wellhead. The hammer union was tightened by an operator. A COGCC inspector performed an inspection on 12/10/18, documenting the release. Soils impacted by the release will be excavated.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
12/10/2018	COGCC	Bret Evins	-	Performed inspection on day of discovery
12/10/2018	Landowner	Marcia Clark	-	Discovered release
12/12/2018	Weld County LEPC	Roy Rudisill	-	emailed on 12/12/18

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

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: Alyssa Beard

Title: EHS Manager Date: 12/13/2018 Email: abeard@foundationenergy.com

COA Type

Description

	<p>Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered that includes an 8 1/2 x 11 inch topographic map showing the governmental section and location of the spill or an aerial photograph showing the location of the spill; all pertinent information about the spill/release known to the Operator that has not been reported previously; and information relating to the initial mitigation, site investigation, and remediation measures conducted by the Operator. Although the Initial Spill/Release Report included the required topographic map, the Supplemental Spill/Release Detail Report is still required within 10 days.</p> <p>The Supplemental Spill Report for this release is due by December 20, 2018.</p>
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Attachment Check List

Att Doc Num	Name
401872524	SPILL/RELEASE REPORT(INITIAL)
401873037	TOPOGRAPHIC MAP
401874636	FORM 19 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)