

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:

402621831

Date Received:

03/08/2021

Spill report taken by:

CHESSON, BOB

Spill/Release Point ID:

441827

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# 400841189

Initial Report Date: 05/19/2015 Date of Discovery: 05/18/2015 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR SWSE SEC 18 TWP 2N RNG 63W MERIDIAN 6

Latitude: 40.132900 Longitude: -104.473240

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

Reference Location:

Facility Type: WELL Facility/Location ID No _____

Spill/Release Point Name: _____ Well API No. (Only if the reference facility is well) 05-123-07952

No Existing Facility or Location ID No.

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): >=1 and <5

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

Specify: Approximately 4-5 bbls of produced water and oil mix spilled due to a stuffing box leak

Land Use:

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

Weather Condition: Rainy

Surface Owner: FEE Other(Specify): Julius Plus

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):

When pumper arrived on location on 5/18, it was discovered that the stuffing box had developed a leak and approximately 4-5 bbls were spilled on location, near the wellhead, in a 18' x 3' area. The well was shut-in to repair the stuffing box and a vac truck dispatched to location to vacuum up the free-standing fluid on the ground and return it to the tank.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
5/19/2015	COGCC	Bob Chesson	303-894-2100 x5112	Left message to verbally report spill
5/19/2015	Weld County LEPC	Roy Rudisill	970-356-4000 x3990	Emailed to report spill
5/19/2015	Landowner	Julius Plus (Kauffman Bro	303-753-1870	Left message to verbally report spill

Was there a Grade 1 Gas Leak? Yes No

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

Was there a reportable accident associated with either a Grade 1 Gas Leak or an E&P waste spill or release? Yes No

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

Was there damage during excavation? Yes No

If YES, was CO 811 notified prior to excavation? Yes No

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: 17115

OPERATOR COMMENTS:

This Form 19S is being submitted to close out this spill ID 441827 and work will be performed under a Form 27 and Remediation # 17115.

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: EHSR Manager Date: 03/08/2021 Email: abeard@foundationenergy.com

COA Type

Description

--	--

Attachment List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)