

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:

402982788

Date Received:

03/12/2022

Spill report taken by:

YOUNG, ROB

Spill/Release Point ID:

481754

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 912.b. for reporting requirements of spills or releases of E&P Waste, produced Fluids, or unauthorized Releases of natural gas. Submit a Site Investigation and Remediation Workplan (Form 27) if Rule 913.c. applies.

OPERATOR INFORMATION

Name of Operator: <u>FUNDARE RESOURCES OPERATING COMPANY LLC</u>	Operator No: <u>10773</u>	Phone Numbers
Address: <u>90 MOONRISE COURT</u>		Phone: <u>(303) 910-4511</u>
City: <u>ERIE</u>	State: <u>CO</u>	Zip: <u>80516</u>
Contact Person: <u>Sydney Smith</u>		Mobile: <u>()</u>
		Email: <u>ssmith@fundareresources.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402982788

Initial Report Date: 03/12/2022 Date of Discovery: 03/11/2022 Spill Type: Recent Spill

Spill/Release Point Location:

QTRQTR NESW SEC 26 TWP 10N RNG 58W MERIDIAN 6

Latitude: 40.809358 Longitude: -103.837000

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

Enter Lat./long measurement of the actual Spill/Release Point. Lat./Long. Data shall meet standards of Rule 216.

Reference Location:

Facility Type: TANK BATTERY ☒ Facility/Location ID No 435421
 Spill/Release Point Name: Razor 26 CPB ☐ Well API No. (Only if the reference facility is well) 05- -
☐ No Existing Facility or Location ID 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): Unknown

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

Specify: _____

Has the subject Spill/Release been controlled at the time of reporting? Yes

Land Use:

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

Weather Condition: 0-30 Degrees

Surface Owner: FEE Other(Specify): _____

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

A produced water release occurred from the subject location on 3.11.2022. The cause of the spill and total volume released is still being determined. A vac truck was dispatched to location to begin clean up.

List of Agencies and Other Parties Notified Pursuant to Rule 912.b.(7)-(11):

OTHER NOTIFICATIONS

<u>Date</u>	<u>Agency/Party</u>	<u>Contact</u>	<u>Phone</u>	<u>Response</u>
3/12/2022	CPW	Brandon Marette	-	Pending
3/12/2022	Timbro		-	Pending
3/12/2022	Weld County	Jason Maxey	-	Submitted

REPORT CRITERIA

Rule 912.b.(1) Report to the Director (select all criteria that apply):

- No Rule 912.b.(1).A: A Spill or Release of any size that impacts or threatens to impact any Waters of the State, Public Water System, residence or occupied structure, livestock, wildlife, or publicly-maintained road.
- Waters of the State: n/a Public Water System: n/a
- Residence or Occupied Structure: n/a Livestock: n/a
- Wildlife: n/a Publicly-Maintained Road: n/a
- No Rule 912.b.(1).B: A Spill or Release in which 1 barrel or more of E&P Waste or produced fluids is spilled or released outside of berms or other secondary containment.
- No Rule 912.b.(1).C: A Spill or Release of 5 barrels or more of E&P Waste or produced Fluids regardless of whether the Spill or Release is completely contained within berms or other secondary containment.
- No Rule 912.b.(1).D: Within 6 hours of discovery, a Grade 1 Gas Leak. For a Grade 1 Gas Leak from a Flowline, the Operator also must submit the Form 19 – Initial, document number on a Form 44, Flowline Report, for the Grade 1 Gas Leak
- Enter the approximate time of discovery _____ (HH:MM)
- 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? No
- Enter the Document Number of the Initial Accident Report, Form 22 _____
- Was there damage during excavation? No
- Was CO 811 notified prior to excavation? _____
- No Rule 912.b.(1).E: The discovery of 10 cubic yards or more of impacted material resulting from a current or historic Spill or Release. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards.
- Estimated Volume of Impacted Solids (cu. yd.): _____
- No Rule 912.b.(1).F: The discovery of impacted Waters of the State, including Groundwater. Discovery and reporting will not be contingent upon confirmation samples demonstrating exceedance of Table 915-1 standards. The presence of free product or hydrocarbon sheen on Groundwater or surface water is reportable. The presence of contaminated soil in contact with Groundwater or surface water is reportable. Check all that apply:
- ☐ The presence of free product or hydrocarbon sheen Surface Water
- ☐ The presence of free product or hydrocarbon sheen on Groundwater
- ☐ The presence of contaminated soil in contact with Groundwater
- ☐ The presence of contaminated soil in contact with Surface water

Yes	Rule 912.b.(1).G: A suspected or actual Spill or Release of any volume where the volume cannot be immediately determined, including a spill or release of any volume that daylights from the subsurface.
No	Rule 912.b.(1).H: Spill or Release resulting in vaporized hydrocarbon mists that leave the Oil and Gas Location or Off-Location Flowline right of way from an Oil and Gas Location and impacts or threatens to impact off-location property. <input type="checkbox"/> Areas offsite of Oil & Gas Location <input type="checkbox"/> Off-Location Flowline right of way
No	Rule 912.b.(1).I: A Release of natural gas that results in an accumulation of soil gas or gas seeps.
No	Rule 912.b.(1).J: A Release that results in natural gas in Groundwater.

OPERATOR COMMENTS:

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

Signed: _____ Print Name: Sydney Smith
Title: Manager EHSR Date: 03/12/2022 Email: ssmith@fundareresources.com

Condition of Approval

COA Type

Description

0 COA	

Attachment List

Att Doc Num

Name

402982788	SPILL/RELEASE REPORT(INITIAL)
402987843	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)