

Inspector Name: Gomez, Jason

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



| DE | ET | OE | ES |
|----|----|----|----|
|----|----|----|----|

Inspection Date:

01/08/2014

Document Number:

673800328

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | <u>239774</u> | <u>317681</u> | <u>Gomez, Jason</u> | <input type="checkbox"/> 2A Doc Num: _____ |

Operator Information:

OGCC Operator Number:

Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 16000 DALLAS PARKWAY #875City: DALLAS State: TX Zip: 75248-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

| Contact Name | Phone | Email | Comment |
|---------------------|----------------------|---------------------------------|---------|
| Eisterhold, Racheal | 918-585-1650 ext 212 | regulatory@foundationenergy.com | |

Compliance Summary:

| QtrQtr: | <u>SWNE</u> | Sec: | <u>31</u> | Twp: | <u>2N</u> | Range: | <u>68W</u> |
|------------|-------------|------------|-------------|------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 08/24/2010 | 200276003 | PR | PR | Unsatisfactory | | | Yes |
| 09/01/2006 | 200096574 | PR | PR | Unsatisfactory | | Pass | No |
| 03/03/1998 | 500161420 | PR | PR | | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 239774 | WELL | PR | 08/08/2005 | OW | 123-07562 | CINQUE 1 | FR | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

| Signs/Marker: | | | | |
|---------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Inspector Name: Gomez, Jason

Comment:

Corrective Action:

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory | | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-------------|---|-----------------------------|---------|-------------------|---------|
| Pump Jack | 1 | Satisfactory | | | |
| Prime Mover | 1 | Satisfactory | | | |

Venting:

| Yes/No | Comment |
|--------|---------|
|--------|---------|

NO

Flaring:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
|------|-----------------------------|---------|-------------------|---------|

Predrill

Location ID: 239774

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****Comment:** _____**Staking:****On Site Inspection (305):****Surface Owner Contact Information:**

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:**Summary of Operator Response to Landowner Issues:****Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:****Facility**

Facility ID: 239774 Type: WELL API Number: 123-07562 Status: PR Insp. Status: FR

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: EQUIPMENT ONSITE

S/V: Satisfactory CA Date: _____

CA: SI

Comment: _____

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: Gomez, Jason

Comment:

Corrective Action:

Date:

Reportable:

GPS: Lat

Long

Proximity to Surface Water:

Depth to Ground Water:

Water Well:

Lat

Long

DWR Receipt Num:

Owner Name:

GPS :

Field Parameters:

Sample Location:

Emission Control Burner (ECB):

Comment:

Pilot:

Wildlife Protection Devices (fired vessels):

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started:

Date Interim Reclamation Completed:

Land Use:

Comment:

1003a. Debris removed?

CM

CA

CA Date

Waste Material Onsite?

CM

CA

CA Date

Unused or unneeded equipment onsite?

CM

CA

CA Date

Pit, cellars, rat holes and other bores closed?

CM

CA

CA Date

Guy line anchors removed?

CM

CA

CA Date

Guy line anchors marked?

CM

CA

CA Date

1003b. Area no longer in use?

Production areas stabilized ?

1003c. Compacted areas have been cross ripped?

1003d. Drilling pit closed?

Subsidence over on drill pit?

Cuttings management:

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing?

Pass

Production areas have been stabilized?

Pass

Segregated soils have been replaced?

Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced

Recontoured

Perennial forage re-established

| | | |
|------------------------------|-------------|------------------------------|
| <u>Non-Cropland</u> | | |
| Top soil replaced | <u>Pass</u> | Recontoured <u>Pass</u> |
| | | 80% Revegetation <u>Pass</u> |
| 1003 f. Weeds Noxious weeds? | <u>P</u> | |
| Comment: | <div></div> | |
| Overall Interim Reclamation | <u>Pass</u> | |

| | | | |
|---|----------------------|---|--------------------------|
| Date Final Reclamation Started: | _____ | Date Final Reclamation Completed: | _____ |
| Final Land Use: | _____ | | |
| Reminder: | _____ | | |
| Comment: | <div></div> | | |
| Well plugged | _____ | Pit mouse/rat holes, cellars backfilled | _____ |
| Debris removed | _____ | No disturbance /Location never built | _____ |
| Access Roads | Regraded _____ | Contoured _____ | Culverts removed _____ |
| | Gravel removed _____ | | |
| Location and associated production facilities reclaimed | _____ | Locations, facilities, roads, recontoured | _____ |
| Compaction alleviation | _____ | Dust and erosion control | _____ |
| Non cropland: Revegetated 80% | _____ | Cropland: perennial forage | _____ |
| Weeds present | _____ | Subsidence | _____ |
| Comment: | <div></div> | | |
| Corrective Action: | <div></div> | Date | _____ |
| Overall Final Reclamation | _____ | Well Release on Active Location | <input type="checkbox"/> |
| | | Multi-Well Location | <input type="checkbox"/> |

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____