

**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 |
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|----|----|----|----|

Inspection Date:

03/04/2014

Document Number:

600000875

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 241314 | 336413 | JOHNSON, RANDELL | <input type="checkbox"/> | |

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, Rachael | 918-585-1650 X-212 | regulatory@foundationenergy.com | Regulatory |

Compliance Summary:

| QtrQtr: | SESE | Sec: | 34 | Twp: | 2N | Range: | 68W |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 11/13/2013 | 674100005 | PR | PR | Unsatisfactory | P | | No |
| 04/17/2007 | 200110703 | PR | PR | Satisfactory | | Pass | No |
| 06/11/1997 | 500163891 | ID | TA | | | Fail | Yes |

Inspector Comment:

| |
|--|
| |
|--|

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 241314 | WELL | PR | 03/15/1977 | OW | 123-09103 | PURITAN 3 | WK | <input checked="" type="checkbox"/> |
| 271954 | WELL | PR | 09/24/2004 | OW | 123-22146 | PURITAN 44-34 | PR | <input type="checkbox"/> |
| 299224 | WELL | PR | 12/06/2010 | GW | 123-29295 | PURITAN 6-8-34 | PR | <input type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|-----------------------------|-------------------------|------------------------|--------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>3</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>2</u> | Separators: <u>3</u> | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: <u>1</u> |
| Electric Generators: _____ | Gas Pipeline: <u>3</u> | Oil Pipeline: <u>3</u> | Water Pipeline: <u>2</u> |
| Gas Compressors: _____ | VOC Combustor: <u>1</u> | Oil Tanks: <u>3</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

LocationEmergency Contact Number: (S/U/V)

Corrective Date: _____

Comment: _____

Inspector Name: JOHNSON, RANDELL

Corrective Action:

Spills:

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

☐ Multiple Spills and Releases?

Venting:

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

NO

Flaring:

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

Predrill

Location ID: 241314

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:

FacilityFacility ID: 241314 Type: WELL API Number: 123-09103 Status: PR Insp. Status: WK**Cement**Cement ContractorContractor Name: Magna EnergyContractor Phone: 970-250-0321Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: Form 6 Document #400529369 - Pumping surface plug**Environmental**Spills/Releases:

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

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - PitInterim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: COMMERCIAL

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? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: COMMERCIAL

Reminder: _____

Comment: _____

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: _____

Corrective Action: _____ Date _____

Inspector Name: JOHNSON, RANDELL

| | | | | | | |
|--|-----------------|--|-----------------------|--|--------------------------|---------|
| Overall Final Reclamation _____ | | Well Release on Active Location <input type="checkbox"/> | | Multi-Well Location <input type="checkbox"/> | | |
| Storm Water: | | | | | | |
| 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: _____ | | | | | | |
| Pits: <input type="checkbox"/> NO SURFACE INDICATION OF PIT | | | | | | |
| COGCC Comments | | | | | | |
| Comment | | | | User | Date | |
| P&A in process - pumping surface plug - Form 6 Document #400529369 | | | | johnsonr | 03/04/2014 | |