

**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

Inspection Date:

05/31/2016

Document Number:

673713230

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	253869	303980	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10112Name 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
Quint, Craig		craig.quint@state.co.us	
Foundation Energy		regulatory@foundationenergy.com	

Compliance Summary:QtrQtr: NWNW Sec: 8 Twp: 1N Range: 44W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/23/2015	673710736	IJ	AC	SATISFACTORY			No
06/02/2014	673703737	IJ	AC	SATISFACTORY			No
09/04/2013	664001242	IJ	IJ	SATISFACTORY			No
07/23/2012	663300338	IJ	IJ	SATISFACTORY	I		No
06/30/2011	200314657	MI	AC	SATISFACTORY			No
06/16/2011	200312786	RT	AC	ACTION REQUIRED			Yes
06/22/2010	200257016	MI	AC	SATISFACTORY			No
06/04/2010	200254341	RT	AC	SATISFACTORY			No
07/09/2009	200214576	RT	AC	SATISFACTORY			No
04/18/2008	200130517	RT	AC	SATISFACTORY			No
03/06/2007	200106616	RT	AC	SATISFACTORY		Pass	No
07/26/2006	200094480	RT	AC	SATISFACTORY		Pass	No
05/02/2005	200070517	MI	SI	SATISFACTORY		Pass	No
04/19/2004	200053138	RT	AC	SATISFACTORY		Pass	No
08/13/2003	200042526	RT	AC	SATISFACTORY		Pass	No
01/08/2002	200022993	RT	AC	SATISFACTORY		Pass	No
05/07/2001	200022818	RT	AC	SATISFACTORY		Pass	No
08/10/2000	200008717	MI	AC	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150389	UIC DISPOSAL	AC	11/07/1995	DSPW	-	HITT 1 SWD	AC	<input type="checkbox"/>
253869	WELL	PR	07/01/2014	GW	125-07747	HITT SWD 1	AC	<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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
OTHER	SATISFACTORY	lease sign @ CR 35		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:			
Type: Ancillary equipment	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment	chemical container, solar panel, radio telemetry, fire extinguishers at tank battery; shed at wellhead		
Corrective Action			Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Other	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment	2 triplex pumps and 1 transfer pump in shed at tank battery		
Corrective Action			Date:

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
OTHER	1	OTHER	BV CONCRETE
S/AR	SATISFACTORY		
Comment:	Slop Oil vault by pump house		
Corrective Action:			Corrective Date:

Paint

Condition	
Other (Content)	_____
Other (Capacity)	1500 gals
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
PRODUCED WATER	4	400 BBLS	FIBERGLASS AST
S/AR	SATISFACTORY		
Comment:			
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date

Inspector Name: Sherman, Susan

Comment	
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Venting:

Yes/No	
Comment	

Flaring:

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 253869

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

S/AR: _____

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

Form 2A COAs:

S/AR: SATISFACTORY **Comment:** No COAs.

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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:	<u>253869</u>	Type:	<u>WELL</u>	API Number:	<u>125-07747</u>	Status:	<u>PR</u>	Insp. Status:	<u>AC</u>
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Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MRSN

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/30/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: 0 Csg psi: 0 BH psi: _____

Insp. Status: _____

Comment: **Excell pump truck.**
SI during test.
Initial tubing and casing 0.
Start MIT 800 psi
5 min-800 psi
10 min-800 psi
15 min-800 psi.
Final tubing and casing pressure 0.
PASS MIT.
Form 42 #401046796.

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 - Pit**Interim Reclamation:**

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

Land Use: _____

Comment: **open range, Foundation storage yard west of well and compressor station north of tank battery also at this location**

1003a. Waste and Debris removed? Pass

CM

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

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 REVEGETATIONCropland

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 _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

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: Sherman, Susan

Overall Final Reclamation	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>
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Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass			SR	Pass	
Compaction	Pass	Compaction	Pass	MHSP	Pass	
Waddles	Pass					
Gravel	Pass	Gravel	Pass	SI	Pass	

S/A/V: SATISFACTOR Y Corrective Date: _____

Comment: MSDS
CA: _____

Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT

COGCC Comments		
Comment	User	Date
UIC MIT PASSED. Operator to check perforation intervals on Form 21.	ShermaSe	06/01/2016

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673713230	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3869138
673713240	Foundation Hitt SWD 1 UIC MIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3869125