

**FORM
INSP**Rev
X/15**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:

01/13/2017

Submitted Date:

01/15/2017

Document Number:

673714768**FIELD INSPECTION FORM**

Loc ID 416320	Inspector Name: Sherman, Susan	On-Site Inspection <input type="checkbox"/>	Status Summary: <input type="checkbox"/> THIS IS A FOLLOW UP INSPECTION <input type="checkbox"/> FOLLOW UP INSPECTION REQUIRED <input type="checkbox"/> NO FOLLOW UP INSPECTION REQUIRED															
2A Doc Num: _____			Findings: 12 Number of Comments 0 Number of Corrective Actions <input type="checkbox"/> Corrective Action Response Requested															
Operator Information: OGCC Operator Number: <u>10112</u> Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u> Address: <u>16000 DALLAS PARKWAY #875</u> City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248-</u>																		
Contact Information: <table border="1" style="width:100%"> <tr> <th>Contact Name</th> <th>Phone</th> <th>Email</th> <th>Comment</th> </tr> <tr> <td>Foundation Energy</td> <td>(866) 767-3600</td> <td>regulatory@foundationenergy.com</td> <td>All Inspections</td> </tr> </table>				Contact Name	Phone	Email	Comment	Foundation Energy	(866) 767-3600	regulatory@foundationenergy.com	All Inspections							
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Inspected Facilities: <table border="1" style="width:100%"> <thead> <tr> <th>Facility ID</th> <th>Type</th> <th>Status</th> <th>Status Date</th> <th>Well Class</th> <th>API Num</th> <th>Facility Name</th> <th>Insp Status</th> </tr> </thead> <tbody> <tr> <td>416314</td> <td>WELL</td> <td>PR</td> <td>06/03/2010</td> <td>GW</td> <td>125-11800</td> <td>KB Trust 22-25</td> <td>PR</td> </tr> </tbody> </table>			Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	416314	WELL	PR	06/03/2010	GW	125-11800	KB Trust 22-25	PR
Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status											
416314	WELL	PR	06/03/2010	GW	125-11800	KB Trust 22-25	PR											
General Comment: <div style="height: 300px; border: 1px solid black;"></div>																		

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
Comment:	lease sign on CR Z		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 866-767-3600

Corrective Action:

Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	steel panels around all equipment		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:	gear box leak-not on ground (see attached photo)		
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	electric motor		
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	electric panel, control panel		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:	partially buried next to GMR		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	box near wellhead, digital, solar panel, radio telemetry, flowline 34.7 psi		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 416314 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:**Comment:** No problems seen.

Corrective Action: _____ Date: _____

Wildlife BMPs:**Comment:** _____Corrective Action: _____ **Date:** _____**Comment:** _____**Corrective Action:** _____ **Date:** _____**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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Inspected Facilities									
Facility ID:	416314	Type:	WELL	API Number:	125-11800	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Sep 2016 reported to COGCC database.								
Corrective Action:				Date:					

Reclamation - Storm Water - Pit**Interim Reclamation:**

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

Land Use: DRY LAND

Comment: winter wheat stubble**1002 SITE PREPARATION AND STABILIZATION**

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND
SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

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

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

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 _____

1003e. INTERIM VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____ Date _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

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

Final Land Use: DRY LAND _____

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 _____

1004.d. FINAL VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673714776	Foundation KB Trust 22-25	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4051811