

**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:

05/22/2017

Submitted Date:

05/23/2017

Document Number:

680401499**FIELD INSPECTION FORM**
 Loc ID 315617 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10112Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 1801 BROADWAY SUITE 1500City: DENVER State: CO Zip: 80202**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Contact, General		regulatory@foundationenergy.com	All inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
231156	WELL	SI	07/12/2007	DSPW	103-08825	COLUMBINE SPRINGS 8-11-4-104 WDW	SI

General Comment:[Routine UIC Inspection.](#)

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action		Date:	
Type	Main		
comment:			
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:		
Comment:		
Corrective Action:		Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	Locked chain link around facility		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Prime Mover	# 1		
Comment:	Pump in housing w/ filters and manifold.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLS	HEATED STEEL AST		39.723158,-109.031095
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		

Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)		Permeability (Base)		Maintenance	
Metal	Adequate	Walls Sufficent		Base Sufficent		Adequate	
Comment:							
Corrective Action:							Date:
Contents	#	Capacity	Type		Tank ID	SE GPS	
PRODUCED WATER	2	500 BBLs	HEATED STEEL AST			39.723229,-109.031092	
Comment:							
Corrective Action:							Date:
<u>Paint</u>							
Condition	Adequate						
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)		Permeability (Base)		Maintenance	
Metal	Adequate	Walls Sufficent		Base Sufficent		Adequate	
Comment:							
Corrective Action:							Date:
Contents	#	Capacity	Type		Tank ID	SE GPS	
CONDENSATE	4	400 BBLs	HEATED STEEL AST			39.723229,-109.031092	
Comment:							
Corrective Action:							Date:
<u>Paint</u>							
Condition	Adequate						
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)		Permeability (Base)		Maintenance	
Metal	Adequate	Walls Sufficent		Base Sufficent		Adequate	
Comment:							
Corrective Action:							Date:
<u>Venting:</u>							
Yes/No	NO						
Comment:							
Corrective Action:							Date:
<u>Flaring:</u>							
Type							

Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 231156 Type: WELL API Number: 103-08825 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: CSLGT

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 02/21/2013

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in. No active injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT