

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

401454838

Date Received:

11/09/2017

FIR RESOLUTION FORM

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10112

Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC

Address: 5057 KELLER SPRINGS RD STE 650

City: ADDISON State: TX Zip: 75001

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Rachel Grant

918-526-5592

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688300417

Inspection Date: 10/05/2017

FIR Submit Date: 10/09/2017

FIR Status: _____

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC

Company Number: 10112

Address: 5057 KELLER SPRINGS RD STE 650

City: ADDISON State: TX Zip: 75001

LOCATION - Location ID: 337570

Location Name: CDM PARTNERSHIP-61S44W Number: 17SWSE County: YUMA

Qtrqr: SWSE Sec: 17 Twp: 1S Range: 44W Meridian: 6

Latitude: 39.965520 Longitude: -102.324880

FACILITY - API Number: 05-125-00 Facility ID: 286854

Facility Name: CDM PARTNERSHIP Number: 34-17

Qtrqr: SWSE Sec: 17 Twp: 1S Range: 44W Meridian: 6

Latitude: 39.965520 Longitude: -102.324880

CORRECTIVE ACTIONS:

1 ☒ CA# 104574

Corrective Action: E&P Waste not properly stored, handled, transported, treated, recycled, or disposed per Rule 907. Contact COGCC EPS staff.

Date: 10/12/2017

Response: CA COMPLETED

Date of Completion: 11/09/2017

Operator Comment: Gear box leak was repaired

COGCC Decision: Approved

COGCC
Representative:

2 ☒ CA# 104575

Corrective Action: Properly treat or dispose of oily waste in accordance with Rule 907.e. Contact area
COGCC EPS.

Date: 10/12/2017

Response: CA COMPLETED

Date of Completion: 11/09/2017

Operator
Comment: Stained soil at wellhead was remediated

COGCC Decision: Approved

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Rachel Grant

Signed:

Title: HSE/Regulatory Manager

Date: 11/9/2017 3:38:01 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
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|-----------|--------------------------|
| 401454838 | FIR RESOLUTION SUBMITTED |
| 401454846 | Gear box leak repaired |
| 401454868 | Stained soil remediated |

Total Attach: 3 Files