

**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:

03/28/2018

Submitted Date:

03/28/2018

Document Number:

684905186**FIELD INSPECTION FORM**Loc ID 310566 Inspector Name: Pesicka, Conor On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10112Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 5057 KELLER SPRINGS RD STE 650City: ADDISON State: TX Zip: 75001**Status Summary:**

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

Findings:11 Number of Comments3 Number of Corrective Actions

- ☒
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Degenhart, Mark	720-670-7057	mdegenhart@foundationenergy.com	
Leonard, Mike		mike.leonard@state.co.us	
,		regulatory@foundationenergy.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
293534	WELL	SI	03/27/2017	OW	123-26575	GREEN 1-1	SI

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Gerrity label on crude oil tank is obscured. Central Kansas label is still visible.		
Corrective Action:	Install sign to comply with rule 210.e	Date:	04/27/2018

Emergency Contact Number:

Comment:	Gerrity emergency number is obscured. Central Kansas emergency numbers are still visible.		
Corrective Action:	Install sign to comply with rule 210.e	Date:	03/27/2018

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	Pump jack has been removed.		
Corrective Action:		Date:	

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type			
Comment:			
Corrective Action:		Date:	

Equipment:

Type: Flow Line	# 3		corrective date
Comment:	Flowlines at SE corner of tank battery, SE corner of produced water pit		
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:	Pilot lit		
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	generators		
Corrective Action:		Date:	

Type: Prime Mover	# 1	
Comment:	injection pump; stained soil has been treated	
Corrective Action:		Date:
Type: Vertical Heater Treater	# 2	
Comment:		
Corrective Action:		Date:
Type: Gas Meter Run	# 1	
Comment:		
Corrective Action:		Date:
Type: Vertical Separator	# 2	
Comment:		
Corrective Action:		Date:
Type: Deadman # & Marked	# 4	
Comment:		
Corrective Action:		Date:
Type: Bird Protectors	# 3	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	6	300 BBLs	STEEL AST		40.611280,-104.034510
Comment:	Stained soil at loadout				
Corrective Action:	Properly treat or dispose of oily waste in accordance with Rule 907.e. Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.				Date: 03/27/2018

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO
Comment:	
Corrective Action:	Date:

Flaring:

Type	
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Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 293534 Type: WELL API Number: 123-26575 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: DSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 02/24/2017

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: EQUIPMENT ONSITEComment: SI

Corrective Action: _____ Date: _____

BradenHeadComment: Bradenhead plumbed to surface.

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			

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
684905187	Site photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4419057