

**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:

06/11/2018

Submitted Date:

06/12/2018

Document Number:

680402898**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:**8 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
,		dnr_cogccengineering@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	
		dnr_cogccenforcement@state.co.us	
Contact, General		regulatory@foundationenergy.com	All inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Leonard, Mike		mike.leonard@state.co.us	

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:

Good Housekeeping:			
Type	STORAGE OF SUPL		
Comment:	Central yard for field.		
Corrective Action:		Date:	

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:		Date:	
Type	LOCATION		
Comment:	Chain link around facility		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Compressor	# 1		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Pump inside housing		

Corrective Action:		Date:	
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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)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	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:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	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:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:				Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

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. Last MIT 2/21/2018.
No current MIT on record or delinquent as required by Rule 326

Corrective Action: Contact dnr_cogccengineering@state.co.us with resolution plan. Date: 06/26/2018

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			

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
680402905	Inspection photos 6/11/2018	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4492934