

**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: \_\_\_\_\_

**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 10112  
Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC  
Address: 1801 BROADWAY SUITE 1500  
City: DENVER State: CO Zip: 80202

**Findings:**

- 8 Number of Comments
- 1 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			
<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
<b>Good Housekeeping:</b>			
Type	STORAGE OF SUPL		
Comment:	Central yard for field.		
Corrective Action:			Date:
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:			Date:
Type	LOCATION		
Comment:	Chain link around facility		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Compressor	# 1		corrective date
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:	Date:
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:	Date:
Corrective Action:	Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	500 BBLs	HEATED STEEL AST		39.723229,-109.031092

Comment:	Date:
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:	Date:
Corrective Action:	Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	4	400 BBLs	HEATED STEEL AST		39.723229,-109.031092

Comment:	Date:
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 Facilities**

Facility 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 <u>0</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Inj Zone: <u>CSLGT</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>02/21/2013</u>
			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](mailto: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	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4492934">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4492934</a>