

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:

401681595

Date Received:

06/21/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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
Alyssa Beard 3032448114 regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 682503505
Inspection Date: 06/15/2018 FIR Submit Date: 06/18/2018 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: 455471

Location Name: Sooner North TB Number: County:
Qtrqr: NENW Sec: 21 Twp: 8N Range: 58W Meridian: 6
Latitude: Longitude:

FACILITY - API Number: 05-123-00 Facility ID: 455471

Facility Name: Sooner North TB Number:
Qtrqr: NENW Sec: 21 Twp: 8N Range: 58W Meridian: 6
Latitude: Longitude:

CORRECTIVE ACTIONS:

1 CA# 116843

Corrective Action: Properly remove and control noxious weeds. Ongoing weed management and monitoring is required, and needs to occur in accordance to COGCC rules and regulations. Due to the sensitive timeframe required to manage noxious weeds prior to seedhead maturation, and due to complaints and compliance concerns on adjacent locations, a shortened corrective action date of 6/22/2018 is being provided.

Date: 06/22/2018

Response: CA COMPLETED Date of Completion: 06/21/2018

Operator Comment: Precision Industrial Applications LLC is in the field spraying the weeds at this location today.

COGCC Decision: _____

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: Alyssa Beard

Signed: _____

Title: EHS Manager

Date: 6/21/2018 11:20:14 AM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files