

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:

401681644

Date Received:

06/22/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 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

abeard@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 682503508

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: 323740

Location Name: SOONER UNIT-68N58W Number: 16SWSW County: _____

Qtrqr: SWS Sec: 16 Twp: 8N Range: 58W Meridian: 6
W

Latitude: 40.656450 Longitude: -103.875257

FACILITY - API Number: 05-123- -00 Facility ID: 323740

Facility Name: SOONER UNIT-68N58W Number: 16SWSW

Qtrqr: SWS Sec: 16 Twp: 8N Range: 58W Meridian: 6
W

Latitude: 40.656450 Longitude: -103.875257

CORRECTIVE ACTIONS:

2 CA# 116845

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

Precision Industrial Applicators LLC sprayed the location.

Operator _____
Comment: _____

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: 6/22/2018 10:30:41 AM

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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Total Attach: 0 Files