

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
401681757
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 ACTIIONS:

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 6/21/18.

Operator Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Noxious weeds on location have been sprayed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Bonita Harris Signed: _____

Title: HSE/Regulatory Tech Date: 6/22/2018 10:39:28 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>

Total Attach: 0 Files