

**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:

06/25/2018

Submitted Date:

06/25/2018

Document Number:

680402979**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:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|------------------|--------------|----------------------------------|-----------------|
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Leonard, Mike | | mike.leonard@state.co.us | |
| Contact, General | | regulatory@foundationenergy.com | All inspections |
| | | dnr_cogccenforcement@state.co.us | |
| | | dnr_cogccengineering@state.co.us | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Koehler, Bob | | bob.koehler@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:UIC 5 yr. MIT.
Compliance with CA on Doc#680402898

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 _____ (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Inj Zone: <u>CSLGT</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>02/21/2013</u> |
| | | | AnnMTReq: _____ |

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 50 Csg psi: 494 BH psi: 0Insp. Status: PassComment: UIC 5 yr. MIT.
Compliance with CA on Doc#680402898.
Pressure well to 494 psi. Hold for 15 min. Final pressure 489 psi. -5 psi loss. OK
Test witnessed by COGCC using gauge on wellhead.

Corrective Action: _____ Date: _____