

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:

401765887

Date Received:

09/18/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 4 CAs from the FIR responded to on this Form

3 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	303-244-8114	abeard@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688302348
Inspection Date: 08/31/2018 FIR Submit Date: 09/02/2018 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: 387162

Location Name: STEGAS 34-15 Number: 2 County: LINCOLN
Qtrqr: SWSE Sec: 15 Twp: 11S Range: 53W Meridian: 6
Latitude: 39.083590 Longitude: -103.318630

FACILITY - API Number: 05-073-00 Facility ID: 218293

Facility Name: STEGAS 34-15 Number: 2
Qtrqr: SWSE Sec: 15 Twp: 11S Range: 53W Meridian: 6
Latitude: 39.083590 Longitude: -103.318630

CORRECTIVE ACTIONS:

2 CA# 118366

Corrective Action: Install sign to comply with Rule 210.e. Date: 10/03/2018

Response: CA COMPLETED Date of Completion: 09/14/2018

Operator Comment: Sign installed

COGCC Decision:

COGCC
Representative:

3 CA# 118367

Corrective Action: Fix stuffing box leak. Properly treat or dispose of oily waste in accordance with 907.e.

Date: 10/03/2018

Response: CA COMPLETED

Date of Completion: 09/14/2018

Operator
Comment: Stuffing box leak repaired and cleaned up

COGCC Decision:

COGCC
Representative:

4 CA# 118368

Corrective Action: Install sign to comply with Rule 210.e.

Date: 10/03/2018

Response: CA COMPLETED

Date of Completion: 09/14/2018

Operator
Comment: Sign installed

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action complete

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

Print Name: Bonita J Harris

Signed: _____

Title: HSE/Regulatory Tech

Date: 9/18/2018 6:53:15 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>
401765890	Sign
401765891	Loadouts
401765892	Stuffing Box

Total Attach: 3 Files