

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:

401815292

Date Received:

10/30/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Alyssa Beard

Phone

303-244-8114

Email

abeard@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701322

Inspection Date: 10/15/2018

FIR Submit Date: 10/21/2018

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: 315468

Location Name: TAIGA MTN FED-61S103W Number: 16NWNW County: RIO BLANCO

Qtrqr: NWN Sec: 16 Twp: 1S Range: 103W Meridian: 6
W

Latitude: 39.966860 Longitude: -108.968470

FACILITY - API Number: 05-103- -00 Facility ID: 230880

Facility Name: TAIGA MTN FED Number: 13-16-1-103

Qtrqr: NWN Sec: 16 Twp: 1S Range: 103W Meridian: 6
W

Latitude: 39.966860 Longitude: -108.968470

CORRECTIVE ACTIONS:

1 CA# 119760

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).

Date: 11/23/2018

Response: CA COMPLETED

Date of Completion: 10/29/2018

Operator Comment: Berms repaired/installed

COGCC Decision: _____

COGCC
Representative:

2 CA# 119761

Corrective Action: Comply with rule 605.e

Date: 10/29/2018

Response: CA COMPLETED

Date of Completion: 10/29/2018

Operator
Comment:

Fixed leak

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions have been completed

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: 10/30/2018 6:13:37 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> |
|------------------------|--------------------|
|------------------------|--------------------|

| | |
|-----------|-------|
| 401815293 | Berms |
| 401815294 | Tank |

Total Attach: 2 Files