

**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:

12/05/2018

Submitted Date:

12/05/2018

Document Number:

679701972**FIELD INSPECTION FORM**Loc ID 315484 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10112Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 5057 KELLER SPRINGS RD STE 650City: ADDISON State: TX Zip: 75001**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:6 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

| Contact Name | Phone | Email | Comment |
|--------------------|--------------|---------------------------------|------------|
| Energy, Foundation | | regulatory@foundationenergy.com | Regulatory |
| Kellerby, Shaun | 970-712-1248 | shaun.kellerby@state.co.us | |
| Waldron, Emily | | emily.waldron@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 230910 | WELL | PR | 08/01/2018 | GW | 103-08579 | GENTRY 7-29-4-103 | PR |
| 231043 | WELL | PA | 02/18/1986 | DA | 103-08712 | GENTRY 7X-29-4-103 | PA |

General Comment:routine well inspection

Location

Overall Good: ☒

| | | | |
|----------------------|---|-------|------------|
| Signs/Marker: | | | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Sign or label not posted or information inaccurate on tanks or containers Both water tanks without labels. | | |
| Corrective Action: | Install sign to comply with Rule 210.d. | Date: | 02/08/2019 |

Emergency Contact Number:

Comment: 866-767-3600

Corrective Action:

Date: _____

Overall Good: ☒

| | | | | |
|--|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |
| In Containment: No _____ | | | | |
| Comment: _____ | | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | |
|--------------------|--------------|-------|--|
| Fencing/: | | | |
| Type | TANK BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|-----------------------------------|--------------------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Plunger Lift | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Other | # 0 | | |
| Comment: | riser not capped or LOTO | | |

| | | | | |
|--------------------------|---|--|-------|------------|
| Corrective Action: | Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d. | | Date: | 01/04/2019 |
| Type: Bird Protectors | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |
| Type: Deadman # & Marked | # 4 | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |

Tanks and Berms:

| | | | | | |
|--------------------|---|----------|------------|---------|-----------------------|
| Contents | # | Capacity | Type | Tank ID | SE GPS |
| PRODUCED WATER | 1 | <50 BBLS | BV PLASTIC | | 39.678520,-108.979160 |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | | |
|------------------|----------|--|
| Condition | Adequate | |
| Other (Content) | | |
| Other (Capacity) | | |
| Other (Type) | | |

Berms

| | | | | |
|--------------------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

| | | | | | |
|--------------------|---|----------|----------|---------|-----------------------|
| Contents | # | Capacity | Type | Tank ID | SE GPS |
| PRODUCED WATER | 1 | <50 BBLS | Open Top | | 39.678540,-108.979120 |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | | |
|------------------|----------|--|
| Condition | Adequate | |
| Other (Content) | | |
| Other (Capacity) | | |
| Other (Type) | | |

Berms

| | | | | |
|--------------------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

Venting:

| | | |
|----------|----|--|
| Yes/No | NO | |
| Comment: | | |

| | | | |
|--------------------|--|-------|--|
| Corrective Action: | | Date: | |
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 230910 Type: WELL API Number: 103-08579 Status: PR Insp. Status: PR

Producing Well

Comment: producing well

Corrective Action:

Date:

Facility ID: 231043 Type: WELL API Number: 103-08712 Status: PA Insp. Status: PA

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-------------------|---|
| 679701973 | inspection photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4666007 |