

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
401894964
Date Received:
01/07/2019

FIR RESOLUTION FORM

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 Phone Email
Alyssa Beard 303-244-8114 regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701972
Inspection Date: 12/05/2018 FIR Submit Date: 12/05/2018 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: 315484

Location Name: GENTRY-64S103W Number: 29NWSE County: RIO BLANCO
Qtrqr: NWSE Sec: 29 Twp: 4S Range: 103W Meridian: 6
Latitude: 39.678770 Longitude: -108.979080

FACILITY - API Number: 05-103-00 Facility ID: 230910

Facility Name: GENTRY Number: 7-29-4-103
Qtrqr: NWSE Sec: 29 Twp: 4S Range: 103W Meridian: 6
Latitude: 39.678770 Longitude: -108.979080

CORRECTIVE ACTIONS:

1 CA# 120782

Corrective Action: Install sign to comply with Rule 210.d. Date: 02/08/2019

Response: CA COMPLETED Date of Completion: 12/28/2018

Operator Comment: Labeled container. Removed unlabeled/uncovered stock tank

COGCC Decision: Approved via an AMI

COGCC
Representative:

2 CA# 120783

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

Response: CA COMPLETED

Date of Completion: 12/28/2018

Operator
Comment: Removed unused flowline riser

COGCC Decision: Approved via an AMI

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed

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

Print Name: Alyssa Beard

Signed: _____

Title: HSE Manager

Date: 1/7/2019 10:45:40 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>
401894964	FIR RESOLUTION SUBMITTED
401894972	Gentry 7-29
401894973	Gentry 7-29
401894975	Gentry 7-29

Total Attach: 4 Files