

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:  
402019305

Date Received:  
04/24/2019

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	Phone	Email
<u>Daniel Lapp</u>	<u>970-629-9525</u>	<u>dlapp@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703549  
Inspection Date: 04/02/2019 FIR Submit Date: 04/02/2019 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: 316399

Location Name: COLUMBINE SP FED-64S104W Number: 23NESW County: RIO BLANCO  
Qtrqtr: NESW Sec: 23 Twp: 4S Range: 104W Meridian: 6  
Latitude: 39.695760 Longitude: -109.040060

FACILITY - API Number: 05-103-00 Facility ID: 272756

Facility Name: COLUMBINE SP FED Number: 6C-23-4-103  
Qtrqtr: NESW Sec: 23 Twp: 4S Range: 104W Meridian: 6  
Latitude: 39.695760 Longitude: -109.040060

CORRECTIVE ACTIIONS:

1 CA# 123784

Corrective Action: Install sign to comply with Rule 210.e. Date: 05/03/2019

Response: CA COMPLETED Date of Completion: 04/15/2019

Operator Comment: Install new 40 bbl tank label

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 123785

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

Date: 06/03/2019

Response: CA COMPLETED

Date of Completion: 04/15/2019

Operator  
Comment: Replace current operator sign and phone number

COGCC Decision:

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action resolved

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: 4/24/2019 9:50:07 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>
402019316	CSF 6C-23
402019318	CSF 6C-23 2

Total Attach: 2 Files