

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:
402019328

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: 679703533
Inspection Date: 04/01/2019 FIR Submit Date: 04/01/2019 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: 311843

Location Name: COLUMBINE SP FED-64S104W Number: 11SENW County: RIO BLANCO
Qtrqtr: SENW Sec: 11 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.727090 Longitude: -109.041630

FACILITY - API Number: 05-103-00 Facility ID: 272754

Facility Name: COLUMBINE SP FED Number: 11C-11-4-104
Qtrqtr: SENW Sec: 11 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.727090 Longitude: -109.041630

CORRECTIVE ACTIIONS:

1 CA# 123743

Corrective Action: Install sign to comply with Rule 210.b. Date: 06/03/2019

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

Operator Comment: Repair sign at well head

COGCC Decision: _____

COGCC
Representative:

2 CA# 123744

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

Date: 06/03/2019

Response: CA COMPLETED

Date of Completion: 04/15/2019

Operator
Comment: Install new 40 bbl tank label

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions 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 9:55:29 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>
402019336	CSF 11C-11
402019337	CSF 11C-11 2

Total Attach: 2 Files