

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:

402050820

Date Received:

05/21/2019

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

Daniel Lapp

970-629-9525

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703740

Inspection Date: 04/15/2019

FIR Submit Date: 04/15/2019

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: 316422

Location Name: COLUMBINE SP FED-64S104W Number: 24NENE County: RIO BLANCO

Qtrqtr: NENE Sec: 24 Twp: 4S Range: 104W Meridian: 6

Latitude: 39.700600 Longitude: -109.015320

FACILITY - API Number: 05-103-00 Facility ID: 273765

Facility Name: COLUMBINE SP FED Number: 16C-24-4-104

Qtrqtr: NENE Sec: 24 Twp: 4S Range: 104W Meridian: 6

Latitude: 39.700600 Longitude: -109.015320

CORRECTIVE ACTIONS:

1 CA# 124288

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

Date: 06/14/2019

Response: CA COMPLETED

Date of Completion: 05/13/2019

Operator
Comment:

Install new sign label on 40 bbl tank

COGCC Decision: _____

COGCC
Representative:

2 CA# 124289

Corrective Action: Comply with Rule 603.f .

Date: 05/17/2019

Response: CA COMPLETED

Date of Completion: 05/13/2019

Operator
Comment:

Clean up dead weeds on location

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: 5/21/2019 11:59:18 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>
------------------------	--------------------

402050822	CSF 16C-24
402050823	CSF 16C-24 2

Total Attach: 2 Files