

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 ACTIIONS:

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.

Document Number	Description
402050822	CSF 16C-24
402050823	CSF 16C-24 2

Total Attach: 2 Files