

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:
402050765
Date Received:
05/21/2019

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
Daniel Lapp 970-629-9525 regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703154
Inspection Date: 02/28/2019 FIR Submit Date: 02/28/2019 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: 315688

Location Name: RANGELY SOUTH FED-61S102W Number: 3E2NE County: RIO BLANCO
Qtrqtr: E2NE Sec: 3 Twp: 1S Range: 102W Meridian: 6
Latitude: 39.998780 Longitude: -108.827220

FACILITY - API Number: 05-103-00 Facility ID: 231353

Facility Name: RANGELY SOUTH FED Number: 18-3-1-102
Qtrqtr: E2NE Sec: 3 Twp: 1S Range: 102W Meridian: 6
Latitude: 39.998780 Longitude: -108.827220

CORRECTIVE ACTIIONS:

1 CA# 122803

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4). Date: 04/03/2019

Response: CA COMPLETED Date of Completion: 05/20/2019

Operator Comment: Berm not needed

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 122804

Corrective Action: Comply with rule 605.e

Date: 04/03/2019

Response: CA COMPLETED

Date of Completion: 05/20/2019

Operator
Comment: Removed unused blowdown tank and piping

COGCC Decision: Approved pending re-inspection

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 11:44:17 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>
402050765	FIR RESOLUTION SUBMITTED
402050770	RSF 18-3

Total Attach: 2 Files