

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:

402118474

Date Received:

07/23/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

4 of 4 CAs from the FIR responded to on this Form

4 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: 679704087
Inspection Date: 05/16/2019 FIR Submit Date: 05/17/2019 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: 315617

Location Name: COLUMBINE SP-64S104W Number: 11NESE County: RIO BLANCO
Qtrqr: NESE Sec: 11 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.723490 Longitude: -109.031400

FACILITY - API Number: 05-103-00 Facility ID: 231156

Facility Name: COLUMBINE SPRINGS Number: 8-11-4-104 WDW
Qtrqr: NESE Sec: 11 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.723490 Longitude: -109.031400

CORRECTIVE ACTIONS:

1 CA# 125290

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 05/18/2019

Response: CA COMPLETED

Date of Completion: 07/19/2019

Operator Comment: Dripping valve had plug installed (5/17/2019) and followed up by text with inspector Rick Moran

COGCC Decision: _____

COGCC
Representative:

2 CA# 125291

Corrective Action:

Date: 07/19/2019

Response: CA COMPLETED

Date of Completion: 07/19/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 125292

Corrective Action:

Date: 07/19/2019

Response: CA COMPLETED

Date of Completion: 07/19/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

4 CA# 125293

Corrective Action:

Date: 06/21/2019

Response: CA COMPLETED

Date of Completion: 07/19/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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: 7/23/2019 10:28:45 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number	Description
402118485	CSF 8-11
402118487	CSF 8-11
402118492	CSF 8-11
402118494	CSF 8-11
402118495	CSF 8-11
402118496	CSF 8-11
402118497	CSF 8-11

Total Attach: 7 Files