

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:

402217429

Date Received:

10/22/2019

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: 679705625

Inspection Date: 09/27/2019

FIR Submit Date: 09/29/2019

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: 315670

Location Name: TAIGA MTN FED-61N103W Number: 13NWSW County: RIO BLANCO

Qtrqr: NWS Sec: 13 Twp: 1N Range: 103W Meridian: 6
W

Latitude: 40.053790 Longitude: -108.912700

FACILITY - API Number: 05-103- -00 Facility ID: 231306

Facility Name: TAIGA MTN FED Number: 5-13-1-103

Qtrqr: NWS Sec: 13 Twp: 1N Range: 103W Meridian: 6
W

Latitude: 40.053790 Longitude: -108.912700

CORRECTIVE ACTIONS:

1 CA# 131219

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

Date: 10/30/2019

Response: CA COMPLETED

Date of Completion: 09/30/2019

Operator
Comment: Install current operator sign

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 131220

Corrective Action: For non emergencies, remove produced liquid hydrocarbons from the earthen pit or reservoir immediately per Rule 323.

Date: 10/02/2019

Response: CA COMPLETED

Date of Completion: 09/30/2019

Operator
Comment: Clean up oil from earth pit

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: 10/22/2019 1:29:23 PM

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>
402217436	TM 5-13
402217442	TM 5-13 2

Total Attach: 2 Files