

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:
402476142

Date Received:
08/27/2020

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
.		regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696302260
Inspection Date: 08/13/2020 FIR Submit Date: 08/13/2020 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: 330961

Location Name: SHOWERS-67N60W Number: 5NWNW County: WELD
Qtrqr: NWN Sec: 5 Twp: 7N Range: 60W Meridian: 6
W
Latitude: 40.608350 Longitude: -104.123994

FACILITY - API Number: 05-123-00 Facility ID: 256939

Facility Name: SHOWERS Number: 5-4
Qtrqr: NWN Sec: 5 Twp: 7N Range: 60W Meridian: 6
W
Latitude: 40.608350 Longitude: -104.123994

CORRECTIVE ACTIONS:

1 CA# 141199

Corrective Action: Comply with Rule 603.f. Date: 11/13/2020

Response: CA COMPLETED Date of Completion: 08/27/2020

Operator Comment: Unused equipment has been removed from location.

COGCC Decision: _____

COGCC
Representative:

2 CA# 141200

Corrective Action: For localized stained soils or oily waste - "Properly dispose of oily waste in accordance with 907.e."

Date: 08/28/2020

Response: CA COMPLETED

Date of Completion: 08/27/2020

Operator
Comment:

Stained soil was removed and taken to Pawnee Waste disposal facility.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions have been completed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Afton Iiams

Signed: _____

Title: HSE/Regulatory Technician

Date: 8/27/2020 2:53:23 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>
402476623	Location Photo
402476624	Location Photo
402476625	Location Photo
402476626	Location Photo

Total Attach: 4 Files