

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:
402796524

Date Received:
08/30/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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

Foundation Energy

regulatory@foundationenergy.com

Whittington, Ellice

ellice.whittington@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 690201875

Inspection Date: 07/15/2021

FIR Submit Date: 07/28/2021

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: 480300

Location Name: Robertson Production Facility Number: _____ County: _____

Qtrqr: NWS Sec: 32 Twp: 2N Range: 46W Meridian: 6
W

Latitude: 40.095721 Longitude: -102.548210

FACILITY - API Number: 05-125-00 Facility ID: 480300

Facility Name: Robertson Production Facility Number: _____

Qtrqr: NWS Sec: 32 Twp: 2N Range: 46W Meridian: 6
W

Latitude: 40.095721 Longitude: -102.548210

CORRECTIVE ACTIONS:

1 CA# 154485

Corrective Action: Submit an eForm 44 Flowline Report per Rule 1101.b.

Date: 08/28/2021

Response: CA COMPLETED

Date of Completion: 08/30/2021

Corrective action is completed, Form 44 has been submitted to register the off-location flowlines (Form 44 Doc ID: 402785048).

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action has 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: 8/30/2021 1:26:51 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files