

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:
402820430

Date Received:
09/23/2021

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
<u>Contact, General</u>		<u>dnr_cogccenforcement@state.co.us</u>
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>regulatory@foundationenergy.com</u>
<u>Labowskie, Steve</u>		<u>chuck.browning@state.co.us</u>
<u>Leonard, Mike</u>		<u>dnr_cogccengineering@state.co.us</u>
		<u>steve.labowskie@state.co.us</u>
		<u>mike.leonard@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 680402898
Inspection Date: 06/11/2018 FIR Submit Date: 06/12/2018 FIR Status: _____

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC Company Number: 10112
Address: 1801 BROADWAY SUITE 1500
City: DENVER State: CO Zip: 80202

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# 116765

Corrective Action:

Date: 06/26/2018

Contact dnr_cogccengineering@state.co.us with resolution plan.

Response: CA COMPLETED

Date of Completion: 06/25/2018

Operator
Comment: MIT was conducted 6/25/18; Form 21 Doc #401724759.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action 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 liams

Signed:

Title: HSE/Regulatory Technician

Date: 9/23/2021 9:06:50 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>
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Total Attach: 0 Files