

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:

402820896

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>Degenhart, Mark</u>	<u>303-244-8109</u>	<u>mdegenhart@foundationenergy.com</u>
<u>Leonard, Mike</u>		<u>mike.leonard@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>chuck.browning@state.co.us</u>
<u>Contact, General</u>		<u>regulatory@foundationenergy.com</u> <u>dnr_cogccengineering@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 680402546
Inspection Date: 03/26/2018 FIR Submit Date: 03/27/2018 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: 322352

Location Name: FEDERAL-67S104W Number: 23NWSW County: GARFIELD
Qtrqr: NWS Sec: 23 Twp: 7S Range: 104W Meridian: 6
W
Latitude: 39.434747 Longitude: -108.962853

FACILITY - API Number: 05-045-00 Facility ID: 210347

Facility Name: FEDERAL Number: 23-12
Qtrqr: NWS Sec: 23 Twp: 7S Range: 104W Meridian: 6
W
Latitude: 39.434747 Longitude: -108.962853

CORRECTIVE ACTIONS:

1 CA# 115336

Corrective Action: Contact dnr_cogccengineering@state.co.us with resolution plan.

Date: 04/10/2018

Response: CA COMPLETED

Date of Completion: 10/30/2018

Operator Comment: Well was plugged and abandoned in October 2018 (Form 6 SROA Doc #401846973)

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 Iiams

Signed: _____

Title: HSE/Regulatory Technician

Date: 9/23/2021 1:01:50 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>

Total Attach: 0 Files