

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:
402822775

Date Received:
09/27/2021

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>Allred, Josh</u>	<u>970-629-5914</u>	<u>jallred@foundationenergy.com</u>
<u>Contact, General</u>		<u>regulatory@foundationenergy.com</u>
<u>Ellsworth, Stuart</u>		<u>Stuart.ellsworth@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 675103185
Inspection Date: 12/13/2016 FIR Submit Date: 12/15/2016 FIR Status: _____

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC Company Number: 10112
Address: 16000 DALLAS PARKWAY #875
City: DALLAS State: TX Zip: 75248-6607

LOCATION - Location ID: 335755

Location Name: COLUMBINE SP FED-64S104W Number: 14SENW County: _____
Qtrqtr: SENW Sec: 14 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.713000 Longitude: -109.040767

FACILITY - API Number: 05-103-00 Facility ID: 335755

Facility Name: COLUMBINE SP FED-64S104W Number: 14SENW
Qtrqtr: SENW Sec: 14 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.713000 Longitude: -109.040767

CORRECTIVE ACTIONS:

1 CA# 54618

Corrective Action: Contact Area COGCC Engineer if beyond required time frame or Fails MIT Date: 12/25/2016
Response: CA COMPLETED Date of Completion: 06/19/2019

Well was plugged and abandoned in June 2019 (Form 6 SROA Doc #402093632).

Operator _____
Comment: _____

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: 9/27/2021 7:36:35 AM

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