

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:
402829863

Date Received:
10/04/2021

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>Kellerby, Shaun</u>	<u>970-712-1248</u>	<u>shaun.kellerby@state.co.us</u>
<u>Energy, Foundation</u>		<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 700401578
Inspection Date: 05/19/2020 FIR Submit Date: 05/20/2020 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: 315222

Location Name: KIRBY-EIDSON-64S102W Number: 33NWNW County: RIO BLANCO
Qtrqr: NWN Sec: 33 Twp: 4S Range: 102W Meridian: 6
W
Latitude: 39.661749 Longitude: -108.854974

FACILITY - API Number: 05-103- -00 Facility ID: 230436

Facility Name: KIRBY-EIDSON Number: 3-33
Qtrqr: NWN Sec: 33 Twp: 4S Range: 102W Meridian: 6
W
Latitude: 39.661749 Longitude: -108.854974

CORRECTIVE ACTIONS:

1 CA# 139197

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 06/20/2020

Response: CA COMPLETED Date of Completion: 06/01/2020

Follow up inspection, Doc #700402058, noted that the CA was resolved-- riser and tank were removed, eliminating the leak.

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: 10/4/2021 9:34:21 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