

State of Colorado  
Oil and Gas Conservation Commission

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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.

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files