

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:

402731160

Date Received:

06/28/2021

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>Garcia, Stephen</u>		<u>sbgarcia@blm.gov</u>
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>chuck.browning@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Contact, General</u>		<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693802566

Inspection Date: 12/17/2020

FIR Submit Date: 12/18/2020

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: 322406

Location Name: FEDERAL-67S104W Number: 19NENE County: GARFIELD

Qtrqtr: NENE Sec: 19 Twp: 7S Range: 104W Meridian: 6

Latitude: 39.446169 Longitude: -109.021313

FACILITY - API Number: 05-045- -00 Facility ID: 210430

Facility Name: FEDERAL Number: 18-16

Qtrqtr: NENE Sec: 19 Twp: 7S Range: 104W Meridian: 6

Latitude: 39.446169 Longitude: -109.021313

CORRECTIVE ACTIONS:

1 ☒ CA# 145223

Corrective Action: Install sign to comply with Rule 210.b.

Date: 01/22/2021

Response: CA COMPLETED

Date of Completion: 01/18/2021

Corrective action is completed, see attached well sign photo.

Operator
Comment:

COGCC Decision: Approved via an AMI

COGCC
Representative:

Sign installed. Photo submitted 6/28/2021. CA completed

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action has been 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: 6/28/2021 10:11:25 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402731160	FIR RESOLUTION SUBMITTED
402731163	Location Photo

Total Attach: 2 Files