

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:

402929433

Date Received:

01/18/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Foundation Energy

Phone

(866) 767-3600

Email

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688311758

Inspection Date: 12/21/2021

FIR Submit Date: 12/29/2021

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: 336792

Location Name: WAKEFIELD-61N45W Number: 2SESE County: YUMA

Qtrqr: SESE Sec: 2 Twp: 1N Range: 45W Meridian: 6

Latitude: 40.076340 Longitude: -102.361310

FACILITY - API Number: 05-125-00 Facility ID: 279312

Facility Name: WAKEFIELD Number: 44-2

Qtrqr: SESE Sec: 2 Twp: 1N Range: 45W Meridian: 6

Latitude: 40.076340 Longitude: -102.361310

CORRECTIVE ACTIONS:

1 CA# 158954

Corrective Action: "For localized stained soils or oily waste - ""Properly dispose of oily waste in accordance with 905.e.""

Date: 01/13/2022

Response: CA COMPLETED

Date of Completion: 01/12/2022

Operator Comment: Corrective action is completed, see attached photos.

COGCC Decision: _____

COGCC
Representative:

2 CA# 158955

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 01/31/2022

Response: CA COMPLETED

Date of Completion: 01/18/2022

Operator
Comment:

Corrective action completed, see attached photos.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions have 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: 1/18/2022 12:47:32 PM

ATTACHMENT LIST

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

Document Number **Description**

402929441	Location Photos
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Total Attach: 1 Files