

State of Colorado Oil and Gas Conservation Commission

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Document Number:
402937652

Date Received:
01/26/2022

FIR RESOLUTION FORM

Overall Status:

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: <u>10112</u>	Contact Name and Telephone:
Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Name: _____
Address: <u>5057 KELLER SPRINGS RD STE 650</u>	Phone: () _____ Fax: () _____
City: <u>ADDISON</u> State: <u>TX</u> Zip: <u>75001</u>	Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Alyssa Beard</u>	<u>3032448114</u>	<u>regulatory@foundationenergy.com</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>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693803828
 Inspection Date: 11/01/2021 FIR Submit Date: 11/02/2021 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: 322391

Location Name: LEWIS USA-67S105W Number: 25SWSE County: GARFIELD
 Qtrqr: SWSE Sec: 25 Twp: 7S Range: 105W Meridian: 6
 Latitude: 39.419182 Longitude: -109.048579

FACILITY - API Number: 05-045-00 Facility ID: 210400

Facility Name: LEWIS USA Number: 25-15
 Qtrqr: SWSE Sec: 25 Twp: 7S Range: 105W Meridian: 6
 Latitude: 39.419182 Longitude: -109.048579

CORRECTIVE ACTIONS:

1 CA# 157406

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 11/03/2021

Response: CA COMPLETED Date of Completion: 11/03/2021

Area foreman went to this location and fixed the casing head wing valve to prevent leaking.

Operator
Comment:

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Alyssa Beard

Signed:

Title: EHSR Manager

Date: 1/26/2022 11:33:18 AM

ATTACHMENT LIST

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

Document Number **Description**

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

Total Attach: 0 Files