

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:

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: 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

Alyssa Beard

3032448114

regulatory@foundationenergy.com

Browning, Chuck

970-433-4139

chuck.browning@state.co.us

Labowskie, Steve

steve.labowskie@state.co.us

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.

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files