

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:
402863108

Date Received:
11/05/2021

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>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>chuck.browning@state.co.us</u>
<u>Contact, General</u>		<u>regulatory@foundationenergy.com</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
Qtrqtr: 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
Qtrqtr: 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: 11/04/2021

Corrective action completed, leak has been repaired. See attached photo.

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative:

CA completed. Reinspected 2/4/2022 Insp Doc#693804075

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: 11/5/2021 9:56:40 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>
402863108	FIR RESOLUTION SUBMITTED
402863207	Photo

Total Attach: 2 Files