

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:

403035897

Date Received:

05/03/2022

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

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[regulatory@foundationenergy.com](mailto:regulatory@foundationenergy.com)

[dnr\\_cogccengineering@state.co.us](mailto:dnr_cogccengineering@state.co.us)

[Pesicka, Conor](#)

[conor.pesicka@state.co.us](mailto:conor.pesicka@state.co.us)

COGCC INSPECTION SUMMARY:

FIR Document Number: 682503860

Inspection Date: 09/05/2018

FIR Submit Date: 09/10/2018

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: 330359

Location Name: SOONER-68N58W Number: 21SESE County: \_\_\_\_\_

Qtrqr: SESE Sec: 21 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.642990 Longitude: -103.860697

FACILITY - API Number: 05-123-00 Facility ID: 330359

Facility Name: SOONER-68N58W Number: 21SESE

Qtrqr: SESE Sec: 21 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.642990 Longitude: -103.860697

CORRECTIVE ACTIONS:

1 CA# 118559

Corrective Action: Contact [dnr\\_cogccengineering@state.co.us](mailto:dnr_cogccengineering@state.co.us) with resolution plan.

Date: 09/20/2018

Response: CA COMPLETED

Date of Completion: 11/12/2018

Operator Comment: MIT was conducted 11/12/2018 (Form 21 Doc #402067144), but the test failed. This well was plugged and abandoned 5/19/2020.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Please reference document numbers 402067144 & 402427609.

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

Print Name: Afton liams

Signed: \_\_\_\_\_

Title: HSE/Regulatory Technician

Date: 5/3/2022 9:55:52 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files