

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:
402733730

Date Received:
06/30/2021

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>Energy, Foundation</u>		<u>regulatory@foundationenergy.com</u>
<u>Trujillo, Aaron</u>		<u>aaron.trujillo@state.co.us</u>
<u>Thompson, Bud</u>		<u>BLThomps@BLM.gov</u>
<u>Kellerby, Shaun</u>	<u>970-712-1248</u>	<u>shaun.kellerby@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 700401539

Inspection Date: 05/18/2020

FIR Submit Date: 05/19/2020

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: 315190

Location Name: TAIGA FED-64S102W Number: 20NWSW County: RIO BLANCO

Qtrqr: NWS Sec: 20 Twp: 4S Range: 102W Meridian: 6
W

Latitude: 39.683060 Longitude: -108.872830

FACILITY - API Number: 05-103- -00 Facility ID: 230387

Facility Name: TAIGA FED Number: 3L-20-4-102

Qtrqr: NWS Sec: 20 Twp: 4S Range: 102W Meridian: 6
W

Latitude: 39.683060 Longitude: -108.872830

CORRECTIVE ACTIONS:

1 ☒ CA# 139150

Corrective Action: Comply with Rule 603.f .

Date: 08/15/2020

Response: CA COMPLETED

Date of Completion: 08/21/2020

Operator
Comment: Corrective action completed, unused equipment was removed from location.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action has 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: 6/30/2021 8:19:30 AM

ATTACHMENT LIST

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

Document Number **Description**

402733730	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files