

**FORM
INSP**

Rev
X/20

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

07/21/2023

Submitted Date:

07/22/2023

Document Number:

701007171

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

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

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Findings:

- 13 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Morgan, John		john.morgan@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Dolezal, Pat	(970) 332-3585	pat.dolezal@ownresources.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
253965	WELL	SI	02/01/2019	DSPW	125-07843	ANDREWS 32-34	SI

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Two track through pasture		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	Metal signs by tanks		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Lease sign at location entrance		
Corrective Action:		Date:	
Type	OTHER		
Comment:	Lease sign mounted to pump house		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign mounted to fence at wellhead		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date:	
Corrective Action:		Date:	

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	Tank battery is 3/4 fenced with wire		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Pipe fence around fiberglass shed		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 5		
Comment:	Electric motor, triplex pump, filter pots and electric panel inside metal shed, propane tank		
Corrective Action:		Date:	

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
OTHER	1	300 BBLs	STEEL AST		39.673710,-102.165740	
Comment: Slop oil tank on north end of tank battery						
Corrective Action:						Date:
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared berms						
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
USED OIL	1	<50 BBLs	PBV FIBERGLASS		39.673710,-102.165740	
Comment: 500 gallon buried fiberglass tank east of pump house						
Corrective Action:						Date:
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment:						
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	4	400 BBLs	STEEL AST		39.673710,-102.165740	
Comment:						
Corrective Action:						Date:
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		

Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No			
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 253965 Type: WELL API Number: 125-07843 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>25 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>LKTA</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/05/2020</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD LIGHT BLOW, DIED IMMEDIATELY. TBG IJ @ 25 PSIG

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT