

**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:

701007172

FIELD INSPECTION FORM

Loc ID 303366 Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

Status Summary:

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

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

Findings:

- 5 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
Quint, Craig		craig.quint@state.co.us	
Morgan, John		john.morgan@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
252995	WELL	SI	02/01/2019	DSPW	125-06872	BONNY DISPOSAL WELL 1	SI

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:

Type Access

comment: Access off of CR 7

Corrective ActionL

Date:

Overall Good:

Signs/Marker:

Type WELLHEAD

Comment: Lease sign mounted to pump shed

Corrective Action:

Date:

Type TANK LABELS/PLACARDS

Comment: Metal signs by water tanks

Corrective Action:

Date:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected Facilities

Facility ID: 252995 Type: WELL API Number: 125-06872 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0 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: WELL IS SI AT TIME OF INSPECTION. CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG @ 0 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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT