

State of Colorado
Energy & Carbon Management Commission

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



Document Number:

402831604

Date Received:

10/05/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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

Contact, General

regulatory@foundationenergy.com

Hartman, Robert

(970) 244-3041

bhartman@blm.gov

ECMC INSPECTION SUMMARY:

FIR Document Number: 675204050

Inspection Date: 03/21/2017

FIR Submit Date: 03/22/2017

FIR Status: _____

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC

Company Number: 10112

Address: 16000 DALLAS PARKWAY #875

City: DALLAS State: TX Zip: 75248-6607

LOCATION - Location ID: 322381

Location Name: FEDERAL-68S105W Number: 13SWNE County: GARFIELD

Qtrqr: SWNE Sec: 13 Twp: 8S Range: 105W Meridian: 6

Latitude: 39.369134 Longitude: -109.045456

FACILITY - API Number: 05-045- -00 Facility ID: 210389

Facility Name: FEDERAL Number: 13-7

Qtrqr: SWNE Sec: 13 Twp: 8S Range: 105W Meridian: 6

Latitude: 39.369134 Longitude: -109.045456

CORRECTIVE ACTIONS:

1 CA# 68545

Corrective Action: Install sign to comply with Rule 210.d.

Date: 04/24/2017

Response: CA COMPLETED

Date of Completion: 04/03/2017

Operator
Comment:

Sign installed on tank. Follow up inspection, Doc #689400082, noted that this CA was resolved.

ECMC Decision: _____

ECMC
Representative:

2 CA# 68546

Corrective Action: Repair or replace.

Date: 04/24/2017

Response: CA COMPLETED

Date of Completion: 04/03/2017

Operator
Comment:

Bird protection on tank was repaired. Follow up inspection, Doc #689400082, noted that this CA was resolved.

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions have 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 liams

Signed:

Title: HSE/Regulatory Technician

Date: 10/5/2021 12:41:31 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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402831604	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files