

**FORM
INSP**Rev
05/11**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:

04/25/2016

Document Number:

679901455

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	253965	304035	Welsh, Brian	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10112Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 16000 DALLAS PARKWAY #875City: DALLAS State: TX Zip: 75248-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Grant, Rachael	918-585-1650 ext 212	regulatory@foundationenergy.com	

Compliance Summary:QtrQtr: SWNE Sec: 34 Twp: 4S Range: 43W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/05/2015	668501392	IJ	AC	SATISFACTORY			No
05/13/2014	668602642	PR	AC	ACTION REQUIRED	P		No
05/08/2013	668600752	IJ	AC	SATISFACTORY			No
05/17/2011	200310565	RT	AC	SATISFACTORY			No
06/25/2010	200257888	MI	SI	SATISFACTORY			No
06/14/2010	200255409	RT	AC	ACTION REQUIRED			Yes
06/11/2010	200255031	RT	AC	ACTION REQUIRED			Yes
05/11/2010	200247942	MI	AC	ACTION REQUIRED			Yes
05/21/2009	200210945	RT	AC	SATISFACTORY			No
06/18/2008	200191394	RT	AC	SATISFACTORY			No
04/20/2007	200109554	RT	AC	SATISFACTORY		Pass	No
07/26/2006	200094619	RT	AC	SATISFACTORY		Pass	No
05/26/2005	200072239	MI	AC	SATISFACTORY		Pass	No
04/19/2004	200053144	RT	AC	SATISFACTORY		Pass	No
08/13/2003	200042466	RT	AC	SATISFACTORY		Pass	No
08/13/2002	200032443	RT	AC	SATISFACTORY		Pass	No
07/02/2001	200017654	RT	AC	SATISFACTORY	I	Pass	No
08/08/2000	200008407	RT	AC	SATISFACTORY		Pass	No
03/25/1996	500180621	SR	WO			Fail	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
253965	WELL	IJ	04/02/2015	DSPW	125-07843	ANDREWS 32-34	AC	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Two track through pasture		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Lease sign mounted to pump house		
OTHER	SATISFACTORY	Lease sign at location entrance		
WELLHEAD	SATISFACTORY	Lease sign mounted to fence at wellhead		
TANK LABELS/PLACARDS	SATISFACTORY	Metal signs by tanks		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	Tank battery is 3/4 fenced with wire		

Inspector Name: Welsh, Brian

WELLHEAD	SATISFACTORY	Pipe fence around fiberglass shed		
----------	--------------	-----------------------------------	--	--

Equipment:

Type: Ancillary equipment

4

Satisfactory/Action Required: SATISFACTORY

Comment: Electric motor, triplex pump, filter pots and electric panel inside metal shed, propane tank

Corrective Action

Date:

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	300 BBLS	STEEL AST	39.673710,-102.165740

S/AR SATISFACTORY

Comment: Slop oil tank on north end of tank battery

Corrective Action:

Corrective Date:

Paint

Condition

Other (Content)

Other (Capacity)

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action

Corrective Date

Comment

Shared berms

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
USED OIL	1	<50 BBLS	PBV FIBERGLASS	39.673710,-102.165740

S/AR SATISFACTORY

Comment: 500 gallon buried fiberglass tank east of pump house

Corrective Action:

Corrective Date:

Paint

Condition

Other (Content)

Other (Capacity)

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action

Corrective Date

Comment

Shared berms

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	4	500 BBLS	STEEL AST	39.673710,-102.165740

S/AR SATISFACTORY

Comment:

Inspector Name: Welsh, Brian

Corrective Action:		Corrective Date:			
Paint					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Venting:	
Yes/No	NO
Comment	

Flaring:			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 253965

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: SATISFACTORY Comment: No COAs

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Comment: _____

Staking:**On Site Inspection (305):**Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

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

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 5 PSIG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LKTA

TC: Pressure or inches of Hg 138 PSIG Previous Test Pressure _____ Last MIT: 05/05/2015

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD 138 PSIG, TBG IJ @ 5 PSIGMethod of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Inspector Name: Welsh, Brian

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

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

Inspector Name: Welsh, Brian

S/A/V: SATISFACTOR

Corrective Date: _____

Y _____

Comment: Access has erosion and nees maintenance. Location and access are grassed over

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT