

**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:

05/31/2016

Document Number:

673713231

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	273818	335625	Sherman, Susan	<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
Quint, Craig		craig.quint@state.co.us	
Foundation Energy		regulatory@foundationenergy.com	

Compliance Summary:QtrQtr: NENE Sec: 31 Twp: 1N Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/01/2016	673712530			SATISFACTORY			No
06/23/2015	673710738	IJ	AC	ACTION REQUIRED			No
06/02/2014	673703740	IJ	AC	SATISFACTORY			No
09/04/2013	664001243	IJ	IJ	SATISFACTORY			No
07/18/2012	663300316	IJ	IJ	SATISFACTORY	I		No
06/30/2011	200314658	MI	AC	SATISFACTORY			No
06/15/2010	200255968	RT	AC	SATISFACTORY			No
07/09/2009	200214585	RT	AC	SATISFACTORY			No
04/18/2008	200130512	RT	AC	SATISFACTORY			No
03/06/2007	200106611	RT	AC	SATISFACTORY		Pass	No
09/26/2006	200097958	MI	PD	SATISFACTORY		Pass	No
01/11/2006	200094776	MI	SI	SATISFACTORY		Pass	No
05/02/2005	200070516	MI	PD	SATISFACTORY		Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
100996	PIT	CL	09/23/1999		-	TUSTIN 41-31	CL
159133	UIC DISPOSAL	CL	10/20/2006		-	LEDET SWD #2	CL

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159162	UIC DISPOSAL	AC	08/25/2006		-	LEDET SWD 2 - DKTA/LYONS	AC	<input type="checkbox"/>
253743	WELL	PR	09/13/2007	GW	125-07621	TUSTIN 41-31	PR	<input type="checkbox"/>
273818	WELL	IJ	11/04/2014	DSPW	125-08932	BROWN SWD 2	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 Mortors: _____	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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	lease sign @ CR 30 and at gate		
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			

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

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	steel panels		
TANK BATTERY	SATISFACTORY	barbed wire around tank battery and compressor equipment		

Equipment:			
Type: Other	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment	two triplex pumps and one transfer pump in shed		
Corrective Action		Date:	
Type: Ancillary equipment	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment	shed and electric panel at wellhead; radio telemetry, solar panels, chemical containers, enardo valves on all tanks and fire extinguishers at tank battery/compressor station		
Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	shed, GPS 40.01719, -102.43829, digital		
Corrective Action		Date:	
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	located north of condensate and produced water tanks, 24" on concrete pad, GPS 40.01667, -102.43867, pilot light on-not venting		
Corrective Action		Date:	
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	located north of produced water and condensate tanks. Includes: JT Skid/separator; dehydrator unit; glycol unit; 2-151 BBL, FG, slop tanks each with metal berms; 3700 BBL methanol tank with metal berms-GPS 40/01710, -102.43867 and several chemical containers that are labeled and with secondary containment (see attached photos).		
Corrective Action		Date:	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
OTHER	1	OTHER	BV CONCRETE
S/AR	SATISFACTORY	Comment:	Slop Oil pit in front of pump shed
Corrective Action:		Corrective Date:	

Paint	
Condition	
Other (Content)	
Other (Capacity)	560 gals
Other (Type)	

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action		Corrective Date		
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CONDENSATE	2	300 BBLS	STEEL AST
S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint	
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Inspector Name: Sherman, Susan

Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment	same berms as produced water tanks				

Facilities: ☒ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	4	400 BBLS	FIBERGLASS AST	40.016410,-102.438710	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	

Paint

Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Venting:

Yes/No	YES
Comment	venting from dehy unit pipe

Flaring:

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

Predrill

Location ID: 273818

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: 273818 Type: WELL API Number: 125-08932 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/30/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: SI during test.
 Initial tubing and casing 0.
 Start MIT 800 psi
 5 min-800 psi
 10 min-800 psi
 15 min-800 psi.
 Final tubing and casing pressure 0.
 PASS MIT.
 Form 42 #401046803.

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: pasture

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

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

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

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 REVEGETATIONCropland

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
				SR	Pass	
Gravel	Pass	Gravel	Pass	MHSP	Pass	
Compaction	Pass	Compaction	Pass	SI	Pass	

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
UIC MIT PASSED. Operator to check formation on Form 21.	ShermaSe	06/01/2016

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673713231	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3869144
673713241	Foundation Brown SWD 2 UIC MIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3869126
673713242	Foundation Brown Compressor Location	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3869127