

**FORM
INSP**Rev
X/15

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:

07/28/2017

Submitted Date:

07/28/2017

Document Number:

689400057**FIELD INSPECTION FORM**

Loc ID 322330 Inspector Name: CONKLIN, CURTIS On-Site Inspection ☐ 2A Doc Num: _____

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

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

Findings:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Allred, Josh	(970) 629-5914	jallred@foundationenergy.com	Field Supervisor
Contact, General		regulatory@foundationenergy.com	Regulatory
Hartman, Robert	(970) 244-3041	bhartman@blm.gov	Petroleum Engineer

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210284	WELL	PR	11/21/1973	GW	045-06040	CARBONERA-FEDERAL 1-20	SI

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLS	Open Top		,
Comment:	<input type="text"/>				
Corrective Action:	<input type="text"/>				Date: <input type="text"/>

Paint

Condition	Adequate	
Other (Content)	<input type="text"/>	
Other (Capacity)	<input type="text"/>	
Other (Type)	<input type="text"/>	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:	<input type="text"/>			
Corrective Action:	<input type="text"/>			Date: <input type="text"/>

Venting:

Yes/No	NO	
Comment:	<input type="text"/>	
Corrective Action:	<input type="text"/>	Date: <input type="text"/>

Flaring:

Type	<input type="text"/>
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Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	210284	Type:	WELL	API Number:	045-06040	Status:	PR	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="Not producing at time of inspection."/>									
Corrective Action: <input type="text"/> 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