

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:  
401454873

Date Received:  
11/09/2017

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

OGCC 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
<u>Rachel Grant</u>	<u>918-526-5592</u>	<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688300415  
Inspection Date: 10/05/2017 FIR Submit Date: 10/09/2017 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC Company Number: 10112  
Address: 5057 KELLER SPRINGS RD STE 650  
City: ADDISON State: TX Zip: 75001

LOCATION - Location ID: 337571

Location Name: CDM PARTNERSHIP-61S44W Number: 17NESE County: YUMA  
Qtrqr: NESE Sec: 17 Twp: 1S Range: 44W Meridian: 6  
Latitude: 39.968290 Longitude: -102.319530

FACILITY - API Number: 05-125-00 Facility ID: 286853

Facility Name: CDM PARTNERSHIP Number: 43-17  
Qtrqr: NESE Sec: 17 Twp: 1S Range: 44W Meridian: 6  
Latitude: 39.968290 Longitude: -102.319530

CORRECTIVE ACTIONS:

**1** CA# 104572

Corrective Action: Non E&P Waste not properly stored, handled, transported, treated, or disposed per Rule 907A. Contact COGCC EPS staff.

Date: 10/12/2017

Response: CA COMPLETED Date of Completion: 11/09/2017

Operator Comment: Gear box leak repaired

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 104573

Corrective Action: Properly treat or dispose of oily waste in accordance with Rule 907.e. Contact area  
COGCC EPS.

Date: 10/12/2017

Response: CA COMPLETED

Date of Completion: 11/09/2017

Operator  
Comment:

Stuffing box leak repaired

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Rachel Grant

Signed: \_\_\_\_\_

Title: HSE/Regulatory Manager

Date: 11/9/2017 3:45:26 PM

### ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
401454886	Gear box repaired
401454889	Stuffing box repaired

Total Attach: 2 Files