

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:
401454656

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

Rachel Grant

918-526-5592

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688300461

Inspection Date: 10/11/2017

FIR Submit Date: 10/15/2017

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: 304292

Location Name: FONTE-61N45W Number: 27SENW County: YUMA

Qtrqr: SENW Sec: 27 Twp: 1N Range: 45W Meridian: 6

Latitude: 40.027780 Longitude: -102.390140

FACILITY - API Number: 05-125- -00 Facility ID: 256344

Facility Name: FONTE Number: 22-27

Qtrqr: SENW Sec: 27 Twp: 1N Range: 45W Meridian: 6

Latitude: 40.027780 Longitude: -102.390140

CORRECTIVE ACTIONS:

1 CA# 105403

Corrective Action: Comply with Rule 603.f .

Date: 11/15/2017

Response: CA COMPLETED

Date of Completion: 11/09/2017

Operator
Comment:

Wellhead sign has been replaced.

COGCC Decision: _____

COGCC Representative:			
2	CA# 105404		
Corrective Action:	Install sign to comply with Rule 210.e.		Date: <u>12/15/2017</u>
Response:	<u>CA COMPLETED</u>		Date of Completion: <u>11/09/2017</u>
Operator Comment:	Weeds near welhead have been pulled.		
COGCC Decision:			
COGCC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Rachel Grant</u>	Signed: _____
Title: <u>HSE/Regulatory Manager</u>	Date: <u>11/9/2017 7:36:02 PM</u>

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>
401454706	Weeds removed at wellhead
401455083	Wellhead sign updated

Total Attach: 2 Files