

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:
401454766
Date Received:
11/09/2017

FIR RESOLUTION FORM

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: 688300419
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: 304330

Location Name: STULTS-61S44W Number: 17NWNE County: YUMA
Qtrqr: NWNE Sec: 17 Twp: 1S Range: 44W Meridian: 6
Latitude: 39.974360 Longitude: -102.322640

FACILITY - API Number: 05-125-00 Facility ID: 259051

Facility Name: STULTS Number: 31-17
Qtrqr: NWNE Sec: 17 Twp: 1S Range: 44W Meridian: 6
Latitude: 39.974360 Longitude: -102.322640

CORRECTIVE ACTIONS:

1 CA# 104576

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 has been repaired.

COGCC Decision: Approved

COGCC
Representative:

2 CA# 104577

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 has been repaired.

COGCC Decision: Approved

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 3:16:02 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>
401454766	FIR RESOLUTION SUBMITTED
401454772	Stuffing box leak repaired
401454776	Gear box leak repaired

Total Attach: 3 Files