

FORM  
INSPRev  
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:

01/29/2018

Submitted Date:

01/30/2018

Document Number:

680402470

**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
322395 \_\_\_\_\_ BROWNING, CHUCK \_\_\_\_\_ 2A Doc Num: \_\_\_\_\_

**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 10112  
Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC  
Address: 1801 BROADWAY SUITE 1500  
City: DENVER State: CO Zip: 80202

**Findings:**

- 8 Number of Comments  
1 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Contact, General		regulatory@foundationenergy.com	All inspections
Leonard, Mike		mike.leonard@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210407	WELL	PR	08/01/2017	GW	045-06163	FERGUSON 3-9	PR

**General Comment:**

Location			
<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Sign at location entrance.		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
<b>Good Housekeeping:</b>			
Type	UNUSED EQUIPMENT		
Comment:	Flowline risers not LO/TO or marked are considered unused equipment. Unused/unmarked 2" flowline riser at SE corner of location.		
Corrective Action:	Comply with Rule 603.f . For unused/unmarked flowline risers 24 hrs to lock out tag out.30 days to remove riser.	Date:	02/01/2018
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No _____			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	hog wire		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Hog wire and T-post.		
Corrective Action:		Date:	
<b>Equipment:</b>			
Type: Horizontal Heated Separator	# 1		corrective date

Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLS	PLASTIC AST		39.380378,-108.995818
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO	
Comment:		
Corrective Action:		Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 210407 Type: WELL API Number: 045-06163 Status: PR Insp. Status: PR

**Producing Well**

Comment: [Flowing](#)

Corrective Action:

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	Material Handling And Spill Prevention	Pass	Secondary containment of chemical drums.

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT

Type: Blowdown      Lined: NO      Pit ID:      Lat: 39.380327      Long: -108.995758

Reference Point: SE      Other: \_\_\_\_\_      Length: 23      Width: 15

**Lining:**

Liner Type: \_\_\_\_\_      Liner Condition: \_\_\_\_\_

Comment:

Corrective Action

Date: c

**Fencing:**

Fencing Type: Livestock      Fencing Condition: Adequate

Comment:

Corrective Action

Date: \_\_\_\_\_

**Netting:**

Netting Type: Metal Grid      Netting Condition: Good

Comment:

Corrective Action

Date: \_\_\_\_\_

Anchor Trench Present: YES      Oil Accumulation: NO      2+ feet Freeboard: YES

Comment:

Corrective Action

Date: \_\_\_\_\_

Permit:	Facility ID	Permit Num	Expiration Date
	119463	400996530	
	119462	400996377	

**Attached Documents**

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

Document Num	Description	URL
680402478	Inspection photos 1/29/2018	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4365072">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4365072</a>