

**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:

03/22/2018

Submitted Date:

03/22/2018

Document Number:

679904157

FIELD INSPECTION FORM

Loc ID 337528 Inspector Name: Welsh, Brian On-Site Inspection 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: 5057 KELLER SPRINGS RD STE 650
City: ADDISON State: TX Zip: 75001

Findings:

10 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Grant, Rachael	918-585-1650 ext 212	regulatory@foundationenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
286616	WELL	PR	06/01/2015	GW	125-10309	SHIVELY 41-1	PR

General Comment:

[Routine Inpection](#)

Location			
Lease Road:			
Type	Access		
comment:	Trail through pasture		
Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	OTHER		
Comment:	Lease sign for associated wells mounted to meter shed		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	SEPARATOR		
Comment:	Metal panels around VGS and meter shed		
Corrective Action:		Date:	
Equipment:			
Type: Gas Meter Run	# 3		corrective date
Comment:	Shared meter run for (Shively 41-1, 31-1 & State 44-36)		
Corrective Action:		Date:	
Type: Vertical Separator	# 3		
Comment:	3-Vertical gas separators 50% buried by meter shed		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Telemetry equipment		
Corrective Action:		Date:	
Venting:			
Yes/No	NO		
Comment:			

Corrective Action:		Date:	
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Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 286616 Type: WELL API Number: 125-10309 Status: PR Insp. Status: PR

Producing Well

Comment: [Producing. Casing production. Central meter run for \(Shively 41-1, 31-1 & State 44-36\)](#)

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	Other	Pass			

Comment: [Location and access are grassed over](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT