

**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:

04/23/2018

Submitted Date:

04/23/2018

Document Number:

679904310**FIELD INSPECTION FORM**
 Loc ID 335625 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10112Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 5057 KELLER SPRINGS RD STE 650City: ADDISON State: TX Zip: 75001**Status Summary:**

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

Findings:15 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Beard, Alyssa		regulatory@foundationenergy.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
273818	WELL	IJ	06/17/2016	DSPW	125-08932	BROWN SWD 2	AC

General Comment:[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Dirt road through pasture		
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:	Lease sign at tank battery		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Metal sign next to chemical tank		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Metal signs by water tanks and condensate tanks		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	STORAGE OF SUPL		
Comment:	Old semi trailer used for storage building on north side of tank battery		
Corrective Action:		Date:	

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	

Equipment:

Type: Emission Control Device	# 1		corrective date
Comment:	ECD on north side of tank battery		

Corrective Action:		Date:	
Type: Gas Meter Run	# 0		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 6		
Comment:	Electric panel by wellhead, telemetry equipment at tank battery, chemical tank by tank battery, 2-electric powered triplex pumps and electric transfer pump in metal shed		
Corrective Action:		Date:	
Type: Compressor	# 0		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
USED OIL	1	<50 BBLS	CONCRETE SUMP/VAULT		40.016410,-102.438710
Comment: 560gal vault on south side of metal shed					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:					
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST		40.016410,-102.438710
Comment: 2-300bbl condensate tanks on north side of water tanks					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: Shared metal containment				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	4	400 BBLs	FIBERGLASS AST		40.016410,-102.438710	
Comment:		4-400bbl disposal tanks				
Corrective Action:						Date:
Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	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 FacilitiesFacility ID: 273818 Type: WELL API Number: 125-08932 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 430 PSIG Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DK-LY

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 05/31/2016

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAS A STRONG BLOW, DIED WITHIN A MINUTE. TBG IJ @ 430 PSIG

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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
Gravel	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT