

**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:

06/21/2018

Submitted Date:

06/21/2018

Document Number:

677900567

FIELD INSPECTION FORM

Loc ID 304271 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:

- 6 Number of Comments
- 0 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
89495	WELL	IJ	12/01/2017	DSPW	125-08172	ALLISON WDW 41-6	AC

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Gravel entrance off of main county road		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by metal berms		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Metal signs by tanks		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>	Date:	<input type="text"/>

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	Wire fence around location		
Corrective Action:		Date:	

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 89495 Type: WELL API Number: 125-08172 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSI</u>	Previous Test Pressure _____	Inj Zone: <u>LKMR</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/14/2015</u>
			AnnMTReq: <u>NO</u>

Comment: INITIAL CSG HAD LIGHT BLOW, DIED IMMEDIATELY. TBG WAS DEAD.

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	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT