

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:

401681614

Date Received:

06/22/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 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

Alyssa Beard

3032448114

abeard@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 682503493

Inspection Date: 06/15/2018

FIR Submit Date: 06/18/2018

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: 331849

Location Name: KRAGER-68N58W Number: 22NWSW County: _____

Qtrqtr: NWS Sec: 22 Twp: 8N Range: 58W Meridian: 6
W

Latitude: 40.644130 Longitude: -103.856095

FACILITY - API Number: 05-123- -00 Facility ID: 331849

Facility Name: KRAGER-68N58W Number: 22NWSW

Qtrqtr: NWS Sec: 22 Twp: 8N Range: 58W Meridian: 6
W

Latitude: 40.644130 Longitude: -103.856095

CORRECTIVE ACTIONS:

1 CA# 116837

Corrective Action: Properly remove and control noxious weeds. Ongoing weed management and monitoring is required, and needs to occur in accordance to COGCC rules and regulations. Due to the significant nature, extent, or duration of this alleged rule violation immediate referral to enforcement is required and a corrective action date will not be applied. Perform the corrective action immediately (no later than 24 hours) to avoid further enforcement and potential penalties.

Date: _____

Response: CA COMPLETED

Date of Completion: 06/21/2018

Operator Comment: Precision Industrial Applicators LLC sprayed for weeds 6/21/18, which was the first available time on their schedule and without possibility of rain showers.

COGCC Decision: _____

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: Alyssa Beard

Signed: _____

Title: EHS Manager

Date: 6/22/2018 10:26:39 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files