

**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:

08/30/2018

Submitted Date:

08/30/2018

Document Number:

692600184

**FIELD INSPECTION FORM**

Loc ID 303312 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
Beard, Alyssa		regulatory@foundationenergy.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
252884	WELL	PR	06/29/2008	GW	125-06760	BOLLONG 12-1	PR

**General Comment:**

[Routine Inspection](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Two track through CRP		
Corrective ActionL			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign by fence		
Corrective Action:			Date:

<b>Emergency Contact Number:</b>			
Comment:	<input style="width: 100%;" type="text"/>		
Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	PUMP JACK		
Comment:	Metal panels around unit, wellhead and meter run		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Prime Mover	# 1		
Comment:	Electric motor		
Corrective Action:			Date:
Type: Vertical Separator	# 1		
Comment:	Gas separator in metal box		
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:	Meter run in metal box		
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:	Jensen unit		
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:	Electric panel and telemetry equipment		
Corrective Action:			Date:

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 252884 Type: WELL API Number: 125-06760 Status: PR Insp. Status: PR

**Producing Well**

Comment: [Producing. Casing production](#)

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