

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:
401820614
Date Received:
11/01/2018

FIR RESOLUTION FORM

CA Summary:
2 of 2 CAs from the FIR responded to on this Form
2 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
Evins, Bret		bret.evins@state.co.us
Pesicka, Conor		conor.pesicka@state.co.us
Regulatory, Foundation		regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693700046
Inspection Date: 10/25/2018 FIR Submit Date: 10/30/2018 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: 331636

Location Name: KETTL-66N61W Number: 23NENW County:
Qtrqtr: NENW Sec: 23 Twp: 6N Range: 61W Meridian: 6
Latitude: 40.479420 Longitude: -104.178040

FACILITY - API Number: 05-123-00 Facility ID: 331636

Facility Name: KETTL-66N61W Number: 23NENW
Qtrqtr: NENW Sec: 23 Twp: 6N Range: 61W Meridian: 6
Latitude: 40.479420 Longitude: -104.178040

CORRECTIVE ACTIONS:

1 CA# 120026

Corrective Action: Install sign to comply with Rule 210.b. Corrective Action Date is carried over from Inspection #684901950 Date: 09/16/2016

Response: CA COMPLETED Date of Completion: 10/31/2018

Operator Comment: Signage corrected.

COGCC Decision: Approved via an AMI

COGCC
Representative:

2 CA# 120027

Corrective Action: 24 hours for leak, 30 days for stained soil.

Date: 11/30/2018

Response: CA COMPLETED

Date of Completion: 10/31/2018

Operator
Comment:

Wellhead leak fixed.

COGCC Decision: Approved via an AMI

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: James Smith

Signed: _____

Title: HSE-Regulatory Supervisor

Date: 11/1/2018 10:49:28 AM

ATTACHMENT LIST

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

Document Number	Description
401820614	FIR RESOLUTION SUBMITTED
401820624	signage
401820625	well head 1
401820628	well head 2

Total Attach: 4 Files