

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:

401788513

Date Received:

11/19/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 9 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

Alyssa Beard

Phone

303-244-8114

Email

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 691200458

Inspection Date: 09/18/2018

FIR Submit Date: 09/18/2018

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: 327361

Location Name: SOONER UNIT-68N58W Number: 21SENW County: _____

Qtrqr: SENW Sec: 21 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.649590 Longitude: -103.870110

FACILITY - API Number: 05-123- -00 Facility ID: 327361

Facility Name: SOONER UNIT-68N58W Number: 21SENW

Qtrqr: SENW Sec: 21 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.649590 Longitude: -103.870110

CORRECTIVE ACTIONS:

9 CA# 118827

Corrective Action:

Plumb bradenhead to surface.
Mechanical conditions (30 Days).
Securely fasten all valves, pipes, and fittings to ensure good mechanical condition,
inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 10/18/2018

Response: CA COMPLETED

Date of Completion: 10/22/2018

Operator
Comment:

See photo

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Please see attached pictures for corrections to violations

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: HSE Manager

Date: 11/19/2018 3:10:46 PM

ATTACHMENT LIST

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

Document Number **Description**

401845607	Bradenhead photo
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Total Attach: 1 Files