

**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:

12/13/2018

Submitted Date:

12/13/2018

Document Number:

692600937

FIELD INSPECTION FORM

Loc ID 304853 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

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

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 |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 275553 | WELL | PR | 04/10/2005 | GW | 125-09066 | STATE 145 23-16 | PR |

General Comment:

Routine Inspection

Location

| | | | |
|--------------------|---------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Trail through farm ground | | |
| Corrective ActionL | | Date: | |

Overall Good:

| | | | |
|----------------------|--------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by unit | | |
| 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 | PUMP JACK | | |
| Comment: | Metal panels around unit, wellhead, VGS and meter run | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------------|--|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Electric panel and telemetry equipment | | |
| Corrective Action: | | Date: | |
| Type: Vertical Separator | # 1 | | |
| Comment: | Vertical gas separator 50% buried by meter run | | |
| Corrective Action: | | Date: | |
| Type: Prime Mover | # 1 | | |
| Comment: | Electric motor | | |
| Corrective Action: | | Date: | |
| Type: Pump Jack | # 1 | | |
| Comment: | Jensen unit. Horsehead removed at time of inspection | | |
| Corrective Action: | | Date: | |

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

| | | | |
|--------------------|--|-------|--|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 275553 Type: WELL API Number: 125-09066 Status: PR Insp. Status: PR

Producing Well

Comment: [Producing. Casing production. Downhole equipment removed from wellbore at time of inspection](#)

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Other | Pass | Other | Pass | | | |

Comment: Location and access are farmed over

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT