

**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:

12/14/2018

Submitted Date:

12/14/2018

Document Number:

692600958

**FIELD INSPECTION FORM**

Loc ID 304067 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:**

- 11 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
254019	WELL	PR	09/03/1996	GW	125-07897	WILLIAMS 14-21	PR

**General Comment:**

Routine Inspection

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	Trail through pasture		
Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign by unit		
Corrective Action:		Date:	
Type	OTHER		
Comment:	Lease sign by access		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	PUMP JACK		
Comment:	Metal panels around unit, wellhead and metal shed		
Corrective Action:		Date:	
<b>Equipment:</b>			
Type: Prime Mover	# 1		corrective date
Comment:	Electric motor		
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	Electric panel and telemetry equipment		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:	Jensen unit		
Corrective Action:		Date:	

Type: Vertical Separator	# 1		
Comment:	Vertical gas separator in metal shed		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	Meter run in metal shed		
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**

Facility ID: 254019 Type: WELL API Number: 125-07897 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