

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:

401894937

Date Received:

01/07/2019

FIR RESOLUTION FORM

Overall Status: CAC

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
<u>Alyssa Beard</u>	<u>303-244-8114</u>	<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701940
Inspection Date: 11/30/2018 FIR Submit Date: 11/30/2018 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: 315562

Location Name: COLUMBINE SP FED-64S103W Number: 20SWSE County: RIO BLANCO
Qtrqtr: SWSE Sec: 20 Twp: 4S Range: 103W Meridian: 6
Latitude: 39.690770 Longitude: -108.978850

FACILITY - API Number: 05-103-00 Facility ID: 231045

Facility Name: COLUMBINE SP FED Number: 2-20-4-103
Qtrqtr: SWSE Sec: 20 Twp: 4S Range: 103W Meridian: 6
Latitude: 39.690770 Longitude: -108.978850

CORRECTIVE ACTIIONS:

1 CA# 120729

Corrective Action: Install sign to comply with Rule 210.d. Date: 01/31/2019

Response: CA COMPLETED Date of Completion: 12/28/2018

Operator Comment: Installed sign on 40 bbl tank

COGCC Decision: _____

COGCC
Representative:

2 CA# 120730

Corrective Action: Contact dnr_cogccengineering@state.co.us with resolution plan.

Date: _____

Response: CA COMPLETED

Date of Completion: 12/28/2018

Operator
Comment: MIT Spring 2019

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed

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: 1/7/2019 10:37:25 AM

ATTACHMENT LIST

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

Document Number **Description**

401894942	CSF 2-20
-----------	----------

Total Attach: 1 Files