

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:

401894964

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

Alyssa Beard

Phone

303-244-8114

Email

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701972

Inspection Date: 12/05/2018

FIR Submit Date: 12/05/2018

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: 315484

Location Name: GENTRY-64S103W Number: 29NWSE County: RIO BLANCO

Qtrqr: NWSE Sec: 29 Twp: 4S Range: 103W Meridian: 6

Latitude: 39.678770 Longitude: -108.979080

FACILITY - API Number: 05-103- -00 Facility ID: 230910

Facility Name: GENTRY Number: 7-29-4-103

Qtrqr: NWSE Sec: 29 Twp: 4S Range: 103W Meridian: 6

Latitude: 39.678770 Longitude: -108.979080

CORRECTIVE ACTIONS:

1 CA# 120782

Corrective Action: Install sign to comply with Rule 210.d.

Date: 02/08/2019

Response: CA COMPLETED

Date of Completion: 12/28/2018

Operator
Comment:

Labeled container. Removed unlabeled/uncovered stock tank

COGCC Decision: _____

COGCC
Representative:

2 CA# 120783

Corrective Action: 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: 01/04/2019

Response: CA COMPLETED

Date of Completion: 12/28/2018

Operator
Comment: Removed unused flowline riser

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions 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 10:45:40 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
------------------------	--------------------

401894972	Gentry 7-29
401894973	Gentry 7-29
401894975	Gentry 7-29

Total Attach: 3 Files