

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:
401866548
Date Received:
12/12/2018

FIR RESOLUTION FORM

CA Summary:
2 of 3 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
Alyssa Beard 303-244-8114 regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701582
Inspection Date: 10/31/2018 FIR Submit Date: 10/31/2018 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: 315477

Location Name: COLUMBINE SP FED-64S104W Number: 14SESW County: RIO BLANCO
Qtrqtr: SESW Sec: 14 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.706800 Longitude: -109.042690

FACILITY - API Number: 05-103-00 Facility ID: 230897

Facility Name: COLUMBINE SP FED Number: 3-14-4-104
Qtrqtr: SESW Sec: 14 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.706800 Longitude: -109.042690

CORRECTIVE ACTIIONS:

1 CA# 120067

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: 11/02/2018

Response: CA COMPLETED Date of Completion: 12/06/2018

Operator Comment: Wellhead Bolts Tightened

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 120068

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

Date: 12/28/2018

Response: CA COMPLETED

Date of Completion: 12/05/2018

Operator
Comment: 40 BBL Tank Label Installed

COGCC Decision: Approved via an AMI

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions complete.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Bonita J Harris

Signed: _____

Title: HSE/Regulatory Tech

Date: 12/12/2018 9:07:04 AM

ATTACHMENT LIST

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

Document Number	Description
401866548	FIR RESOLUTION SUBMITTED
401866555	40 BBL Tank Label Installed
401866556	Wellhead Bolts Tightened

Total Attach: 3 Files