

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:  
401969311  
Date Received:  
03/12/2019

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 3 CAs from the FIR responded to on this Form

0 CA Completed  
1 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>3032448114</u>	<u>abeard@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 682504574  
Inspection Date: 03/08/2019 FIR Submit Date: 03/11/2019 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: 330865

Location Name: DOC STATE-66N61W Number: 36NENW County: \_\_\_\_\_  
Qtrqtr: NENW Sec: 36 Twp: 6N Range: 61W Meridian: 6  
Latitude: 40.450110 Longitude: -104.156653

FACILITY - API Number: 05-123-00 Facility ID: 330865

Facility Name: DOC STATE-66N61W Number: 36NENW  
Qtrqtr: NENW Sec: 36 Twp: 6N Range: 61W Meridian: 6  
Latitude: 40.450110 Longitude: -104.156653

CORRECTIVE ACTIONS:

**3** CA# 123105

Corrective Action: Submit an eForm 15 Pit Report to update COGCC records with current information. Date: 08/29/2016  
Repair containment. (CA date: 05/07/17)

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: The eForm 15 was submitted January 9, 2019. It has passed two COGCC approvals with approval from Greg Deranleau still pending.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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: EHS Manager

Date: 3/12/2019 10:00:58 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<b><u>Document Number</u></b>	<b><u>Description</u></b>

Total Attach: 0 Files