

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:

401993231

Date Received:

04/02/2019

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
Daniel Lapp	9706299525	dlapp@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703226
Inspection Date: 03/05/2019 FIR Submit Date: 03/05/2019 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: 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# 122912

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: 04/05/2019

Response: CA COMPLETED Date of Completion: 03/27/2019

Operator Comment: Greased well head valves to stop leaks

COGCC Decision: _____

COGCC Representative: _____

2 CA# 122913

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

Date: _____

Response: CA COMPLETED

Date of Completion: 03/27/2019

Operator Comment: Passed due MIT (well in on P&A schedule)

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrected action

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: 4/2/2019 12:49:45 PM

ATTACHMENT LIST

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

Document Number	Description
401993243	CSF 3-14

Total Attach: 1 Files