

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:

401993248

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: 679703235
Inspection Date: 03/05/2019 FIR Submit Date: 03/06/2019 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: 316413

Location Name: COLUMBINE SP FED-64S104W Number: 12SWNE County: RIO BLANCO
Qtrqtr: SWNE Sec: 12 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.727250 Longitude: -109.018080

FACILITY - API Number: 05-103-00 Facility ID: 273303

Facility Name: COLUMBINE SP FED Number: 10C-12-4-104
Qtrqtr: SWNE Sec: 12 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.727250 Longitude: -109.018080

CORRECTIVE ACTIIONS:

1 CA# 122918

Corrective Action: Install sign to comply with Rule 210.d. Date: 05/07/2019

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

Operator Comment: Install sign on 40 bbl water tank

COGCC Decision:

COGCC
Representative:

2 CA# 122919

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 04/08/2019

Response: CA COMPLETED

Date of Completion: 03/27/2019

Operator
Comment: Plan to make SWM repairs when the mud dries up

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective 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 12:55:05 PM

ATTACHMENT LIST

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

Document Number **Description**

| | |
|-----------|------------|
| 401993258 | CSF 10C-12 |
|-----------|------------|

Total Attach: 1 Files