

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:

402019287

Date Received:

04/24/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

3 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	970-629-9525	dlapp@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703545
Inspection Date: 04/02/2019 FIR Submit Date: 04/02/2019 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: 316401

Location Name: COLUMBINE SP FED-64S104W Number: 23NWNW County: RIO BLANCO
Qtrqtr: NWN Sec: 23 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.702020 Longitude: -109.045380

FACILITY - API Number: 05-103-00 Facility ID: 272751

Facility Name: COLUMBINE SP FED Number: 13C-23-4-104
Qtrqtr: NWN Sec: 23 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.702020 Longitude: -109.045380

CORRECTIVE ACTIIONS:

1 CA# 123780

Corrective Action: Install sign to comply with Rule 210.e. Date: 05/03/2019

Response: CA COMPLETED Date of Completion: 04/15/2019

Operator Comment: Installed 40 bbl tank sign

COGCC Decision: _____

COGCC
Representative:

2 CA# 123781

Corrective Action:

Date: 06/03/2019

Response: CA COMPLETED

Date of Completion: 04/15/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 123782

Corrective Action:

Date: 06/03/2019

Response: CA COMPLETED

Date of Completion: 04/15/2019

Operator
Comment:

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: HSE Manager

Date: 4/24/2019 9:43:01 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>
402019292	CSF 13C-23
402019293	CSF 13C-23 2

Total Attach: 2 Files