

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:  
402020778

Date Received:  
04/25/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 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

James Smith

Phone

918-526-5592

Email

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688000309

Inspection Date: 03/20/2019

FIR Submit Date: 03/29/2019

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: \_\_\_\_\_

Location Name: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_

Qtrqr: SWN Sec: 36 Twp: 2n Range: 47w Meridian: 6

W

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

FACILITY - API Number: 05-125- -00 Facility ID: 463662

Facility Name: \_\_\_\_\_ Number: \_\_\_\_\_

Qtrqr: SWN Sec: 36 Twp: 2n Range: 47w Meridian: 6

W

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

CORRECTIVE ACTIONS:

1 CA# 123671

Corrective Action: Remove unused equipment, properly abandon flowline risers and initiate final reclamation of location.

Date: 05/31/2019

Response: CA COMPLETED

Date of Completion: 04/24/2019

Operator  
Comment:

The equipment was removed and the area reclaimed as of 4/24/2019. Please see the attached picture.

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

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: The equipment was removed and the area reclaimed as of 4/24/2019. Please see the attached picture.

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

Print Name: James Smith

Signed: \_\_\_\_\_

Title: HSE-Regulatory Supervisor

Date: 4/25/2019 8:26:30 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files