

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:

401894944

Date Received:

01/07/2019

FIR RESOLUTION FORM

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

Alyssa Beard

303-244-8114

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701974

Inspection Date: 12/05/2018

FIR Submit Date: 12/05/2018

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: 315485

Location Name: GENTRY-64S103W Number: 29NWNE County: RIO BLANCO

Qtrqr: NWNE Sec: 29 Twp: 4S Range: 103W Meridian: 6

Latitude: 39.688690 Longitude: -108.978490

FACILITY - API Number: 05-103-00 Facility ID: 230911

Facility Name: GENTRY Number: 15-29-4-103

Qtrqr: NWNE Sec: 29 Twp: 4S Range: 103W Meridian: 6

Latitude: 39.688690 Longitude: -108.978490

CORRECTIVE ACTIONS:

1 ☒ CA# 120784

Corrective Action: Install sign to comply with Rule 210.d.

Date: 02/08/2019

Response: CA COMPLETED

Date of Completion: 12/28/2018

Operator
Comment:

Removed unlabeled/uncovered stock tank. Labeled container

COGCC Decision: Approved pending re-inspection

COGCC Representative:			
2	<input checked="" type="checkbox"/> CA# 120785		
Corrective Action:	Contact dnr_cogccengineering@state.co.us with resolution plan.		Date: _____
Response:	CA COMPLETED		Date of Completion: <u>12/28/2018</u>
Operator Comment:	MIT Spring 2019		
COGCC Decision:	Approved pending re-inspection		
COGCC Representative:			

OPERATOR COMMENT AND SUBMITTAL	
Comment:	Corrective actions completed
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>Alyssa Beard</u>	Signed: _____
Title: <u>HSE Manager</u>	Date: <u>1/7/2019 10:41:14 AM</u>

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>
401894944	FIR RESOLUTION SUBMITTED
401894958	Gentry 15-29
401894959	Gentry 15-29

Total Attach: 3 Files