

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

402050726

Date Received:

05/21/2019

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

Daniel Lapp

Phone

970-629-9525

Email

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679703148

Inspection Date: 02/28/2019

FIR Submit Date: 02/28/2019

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: 315668

Location Name: RANGELY SOUTH FED-61S102W Number: 3NWNW County: RIO BLANCO

Qtrqr: NWN Sec: 3 Twp: 1S Range: 102W Meridian: 6
W

Latitude: 40.002430 Longitude: -108.834810

FACILITY - API Number: 05-103- -00 Facility ID: 231298

Facility Name: RANGELY SOUTH FED Number: 21-3-1-102

Qtrqr: NWN Sec: 3 Twp: 1S Range: 102W Meridian: 6
W

Latitude: 40.002430 Longitude: -108.834810

CORRECTIVE ACTIONS:

1 CA# 122801

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: 04/03/2019

Response: CA COMPLETED

Date of Completion: 05/20/2019

Removed unused risers on location

	Operator Comment:		
	COGCC Decision:		
	COGCC Representative:		
2	CA# 122802		
	Corrective Action:	Install sign to comply with Rule 210.b.	Date: 05/01/2019
	Response:	CA COMPLETED	Date of Completion: 05/20/2019
	Operator Comment:	Replace current operator sign	
	COGCC Decision:		
	COGCC Representative:		

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	Corrective action completed
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: 5/21/2019 11:33:49 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>
402050731	RSF 21-3
402050734	RSF 21-3 2

Total Attach: 2 Files