

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:

402150210

Date Received:

08/20/2019

FIR RESOLUTION FORM

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

Phone

Email

Bill Scofield

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696101185

Inspection Date: 07/24/2019

FIR Submit Date: 07/27/2019

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: 323740

Location Name: SOONER UNIT-68N58W Number: 16SWSW County: _____

Qtrqr: SWS Sec: 16 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.656450 Longitude: -103.875257

FACILITY - API Number: 05-123- -00 Facility ID: 323740

Facility Name: SOONER UNIT-68N58W Number: 16SWSW

Qtrqr: SWS Sec: 16 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.656450 Longitude: -103.875257

CORRECTIVE ACTIONS:

1 ☒ CA# 128611

Corrective Action: Remove unused equipment (scrubber, old wellhead, fittings) at wellsite.
Comply w/ Rule 603.f.

Date: 08/28/2019

Response: CA COMPLETED

Date of Completion: 08/15/2019

Operator
Comment:

Removed unused equipment at wellsite

COGCC Decision: Approved

COGCC Representative: Follow-up Field Inspection Report Doc #696101223 dated 08/20/2019 confirms unused equipment (old wellhead, fittings) NOW removed from wellsite. Scrubbers remain for use with gas fuel source. Corrective Action appears addressed.

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions resolved

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: 8/20/2019 10:03:46 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>
402150210	FIR RESOLUTION SUBMITTED
402150234	Sooner 13-16

Total Attach: 2 Files