

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:  
402150568  
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: 696101215  
Inspection Date: 07/24/2019 FIR Submit Date: 08/08/2019 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: 330480

Location Name: SOONER UNIT-68N58W Number: 28SENW County: \_\_\_\_\_  
Qtrqtr: SENW Sec: 28 Twp: 8N Range: 58W Meridian: 6  
Latitude: 40.636360 Longitude: -103.868830

### FACILITY - API Number: 05-123-00 Facility ID: 330480

Facility Name: SOONER UNIT-68N58W Number: 28SENW  
Qtrqtr: SENW Sec: 28 Twp: 8N Range: 58W Meridian: 6  
Latitude: 40.636360 Longitude: -103.868830

### CORRECTIVE ACTIONS:

1 ☒ CA# 129013

Corrective Action: Remove unused equipment near pumpjack.  
Comply w/ Rule 603.f.

Date: 10/19/2018

Response: CA COMPLETED Date of Completion: 08/15/2019

Operator Comment: Removed unused equipment near pump jack

COGCC Decision: Approved

COGCC  
Representative:

Follow-up Field Inspection Report Doc #696101229 dated 08/21/2019 confirms prior unused equipment near pumpjack NOW removed.  
Corrective Action appears addressed.

**OPERATOR COMMENT AND SUBMITTAL**

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: 8/20/2019 12:36:14 PM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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402150568	FIR RESOLUTION SUBMITTED
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402150572	Sooner 28-6-1
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Total Attach: 2 Files