

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:

402150616

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: 696200556

Inspection Date: 08/08/2019

FIR Submit Date: 08/09/2019

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: 330509

Location Name: SOONER UNIT-68N58W Number: 21SENW County: _____

Qtrqr: SENW Sec: 21 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.647770 Longitude: -103.869530

FACILITY - API Number: 05-123-00 Facility ID: 330509

Facility Name: SOONER UNIT-68N58W Number: 21SENW

Qtrqr: SENW Sec: 21 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.647770 Longitude: -103.869530

CORRECTIVE ACTIONS:

1 CA# 129071

Corrective Action: Properly remove and control noxious weeds. Ongoing weed management and monitoring is required, and needs to occur in accordance to COGCC rules and regulations.

Date: 06/22/2018

Response: CA COMPLETED

Date of Completion: 08/15/2019

Operator Comment: Removed weeds

COGCC Decision: Not Approved

COGCC Representative:	Due to a combination of Operator compliance concerns regarding noxious weed management, and that Operator has provided no pertinent details or documentation with this resolution regarding how the corrective action has been addressed, COGCC Decision "Not Approved".
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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 1:06:04 PM

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>
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402150616	FIR RESOLUTION SUBMITTED
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402150621	Sooner 21-6-15
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Total Attach: 2 Files