

**FORM
INSP**

Rev
X/15

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

01/28/2020

Submitted Date:

01/28/2020

Document Number:

697000487

FIELD INSPECTION FORM

Loc ID 303267 Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

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

Findings:

9 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Beard, Alyssa		regulatory@foundationenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
252788	WELL	SI	08/01/2019	GW	125-06664	GROSECLOSE 14-29	PR

General Comment:

Routine Inspection

Location

Lease Road:			
Type	Access		
comment:	Dirt road through farm ground		
Corrective ActionL			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign mounted to meter shed		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	<input style="width: 100%;" type="text"/>		
Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:	Metal fence around unit, wellhead, HGS and meter shed		
Corrective Action:			Date:

Equipment:			corrective date
Type: Prime Mover	# 1		
Comment:	Electric motor		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Electric panel		
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:	Jensen unit		
Corrective Action:			Date:
Type: Horizontal Separator	# 1		
Comment:			
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 252788 Type: WELL API Number: 125-06664 Status: SI Insp. Status: PR

Producing Well

Comment: [Producing. Casing production](#)

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment: [Unable to verify site conditions due to snow coverage](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT