

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:
402358736

Date Received:
04/01/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 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

Phone

Email

Bill Scofield

303-887-2781

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696300720

Inspection Date: 10/18/2019

FIR Submit Date: 10/18/2019

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: 413187

Location Name: CHALK Number: 31-13 County: WELD

Qtrqr: SWS Sec: 31 Twp: 8N Range: 59W Meridian: 6

Latitude: 40.613290 Longitude: -104.028465

FACILITY - API Number: 05-123-00 Facility ID: 413306

Facility Name: CHALK Number: 31-13

Qtrqr: SWS Sec: 31 Twp: 8N Range: 59W Meridian: 6

Latitude: 40.613290 Longitude: -104.028465

CORRECTIVE ACTIONS:

1 ☒ CA# 131822

Corrective Action: Action: Repair and paint tanks per Rule 804.

Date: 04/20/2020

Response: CA COMPLETED

Date of Completion: 03/31/2020

Operator
Comment: Repainted tanks

COGCC Decision: Approved

COGCC Representative:	Approved
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2	<input checked="" type="checkbox"/>	CA# 131823
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Corrective Action:	Repair and paint tanks per Rule 804.	Date: 04/20/2020
Response:	CA COMPLETED	Date of Completion: 03/31/2020
Operator Comment:	Repainted tanks	
COGCC Decision:	Approved	
COGCC Representative:	Approved	

<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: 4/1/2020 9:23:40 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>
402358736	FIR RESOLUTION SUBMITTED
402358740	Chalk Tanks Repainted

Total Attach: 2 Files