

**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:

04/24/2020

Submitted Date:

04/24/2020

Document Number:

701000575

FIELD INSPECTION FORM

Loc ID 304417 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:

12 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
261203	WELL	SI	06/01/2019	GW	125-08391	CURE 33B-28443	SI

General Comment:

[Routine Inspection](#)

Location			
Lease Road:			
Type	Access		
comment:	Trail through farm ground		
Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	OTHER		
Comment:	Lease signs mounted on metal sheds 750' W		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign mounted to fence at unit		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	PUMP JACK		
Comment:	Metal panels around unit and wellhead		
Corrective Action:		Date:	
Equipment:			
Type: Ancillary equipment	# 1		corrective date
Comment:	Electric panel		
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:	Jensen unit. Gear box removed. Bridle disconnected and no downhole equipment		
Corrective Action:		Date:	
Type: Prime Mover	# 0		
Comment:	Removed from unit		
Corrective Action:		Date:	
Type: Gas Meter Run	# 2		
Comment:	Shared meter run for (Cure 33B-28443, 44-28443) 750' W of wellhead		
Corrective Action:		Date:	

Type: Vertical Separator	# 2	
Comment:	2-Vertical gas separators in metal sheds 750' W of wellhead	
Corrective Action:		Date:

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 261203 Type: WELL API Number: 125-08391 Status: SI Insp. Status: SI

Producing Well

Comment: [Producing. Casing production. Central meter run for \(Cure 33B-28443, 44-28443\) 750' W @ 39.67734/-102.18729](#)

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
Other	Pass	Other	Pass			

Comment: [Location and access are farmed over](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT