

**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:

05/18/2020

Submitted Date:

05/18/2020

Document Number:

696301834

FIELD INSPECTION FORM

Loc ID 310566 Inspector Name: PETRIE, ERICA On-Site Inspection 2A Doc Num: _____

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

Status Summary:

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

Findings:

7 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 |
|--------------|-------|---------------------------------|---------------------------------|
| , | | regulatory@foundationenergy.com | All Inspections |
| Koehler, Bob | | bob.koehler@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 293534 | WELL | SI | 03/27/2017 | OW | 123-26575 | GREEN 1-1 | AC |

General Comment:

This is a UIC WELL Inspection.
Facility / Battery: Active Operation.
Wells: 1 UIC well: Active Injection | IJ
Annual UIC inspection.

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|-------------------|-------|--|
| | Type WELLHEAD | | |
| | Comment: Adequate | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

| | | | |
|--------------------|--|-------|--|
| Comment: | <input style="width: 95%;" type="text"/> | | |
| Corrective Action: | <input style="width: 95%;" type="text"/> | Date: | <input style="width: 80%;" type="text"/> |

Overall Good:

Spills:

| Type | Area | Volume | | | |
|------|------|--------|--|--|--|
| | | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

| | | # | | corrective date |
|---|--|-----|-------|--|
| Type: Deadman # & Marked | | # 4 | | |
| Comment: | <input style="width: 95%;" type="text"/> | | | |
| Corrective Action: | | | Date: | <input style="width: 80%;" type="text"/> |
| Type: Other | | # 1 | | |
| Comment: Wellhead | <input style="width: 95%;" type="text"/> | | | |
| Corrective Action: | | | Date: | <input style="width: 80%;" type="text"/> |
| Type: Bradenhead | | # 1 | | |
| Comment: Appears to be plumbed to surface | <input style="width: 95%;" type="text"/> | | | |
| Corrective Action: | | | Date: | <input style="width: 80%;" type="text"/> |

Venting:

| | | | |
|--------------------|--|-------|--|
| Yes/No | | | |
| Comment: | <input style="width: 95%;" type="text"/> | | |
| Corrective Action: | | Date: | <input style="width: 80%;" type="text"/> |

Flaring:

| | | | |
|--------------------|--|-------|--|
| Type | | | |
| Comment: | <input style="width: 95%;" type="text"/> | | |
| Corrective Action: | | Date: | <input style="width: 80%;" type="text"/> |

Inspected Facilities

Facility ID: 293534 Type: WELL API Number: 123-26575 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|-------------------------------------|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>760</u> | Previous Test Pressure _____ | MPP _____ |
| | (e.g. 30 psig or -30" Hg) | | Inj Zone: <u>DSND</u> |
| TC: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>09/12/2019</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | AnnMTReq: _____ |

Comment: Annual UIC inspection.
 Injection pump injecting at time of inspection.
 Tbg. Press: 760#
 Unable to document Casing & Bradenhead pressures.
 Casing & Bradenhead had bullplugs installed, did NOT have pressure gauges.
 Last MIT: 09/12/2019
 MAIP: 2250# H2O injection.

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | | Gravel | | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|---|--------|------------|
| Routine Annual UIC Field Inspection. Actively Injecting at the time of Inspection. Casing & Bradenhead had bullplugs installed, did NOT have pressure gauges. | petrie | 05/18/2020 |

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-------------|---|
| 696301835 | Photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5153072 |