

**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:

06/22/2020

Submitted Date:

06/23/2020

Document Number:

693802228

**FIELD INSPECTION FORM**

Loc ID 316526 Inspector Name: BROWNING, CHUCK 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: 1801 BROADWAY SUITE 1500  
City: DENVER State: CO Zip: 80202

**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         |
|------------------|--------------|---------------------------------|-----------------|
| Labowskie, Steve |              | steve.labowskie@state.co.us     |                 |
| Koehler, Bob     |              | bob.koehler@state.co.us         |                 |
| Contact, General |              | regulatory@foundationenergy.com | All inspections |
| Browning, Chuck  | 970-433-4139 | chuck.browning@state.co.us      | Field Inspector |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name              | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------------|-------------|
| 284102      | WELL | IJ     | 12/31/2011  | DSPW       | 103-10724 | CS FED NAV 13A-12-4-104 WD | SI          |

**General Comment:**

Routine UIC inspection. Injection well inspection only.

| Location                                               |                                                                                                           |        |                 |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------|-----------------|
| <b>Lease Road:</b>                                     |                                                                                                           |        |                 |
| Type                                                   | Main                                                                                                      |        |                 |
| comment:                                               |                                                                                                           |        |                 |
| Corrective ActionL                                     |                                                                                                           |        | Date:           |
| Type                                                   | Access                                                                                                    |        |                 |
| comment:                                               |                                                                                                           |        |                 |
| Corrective ActionL                                     |                                                                                                           |        | Date:           |
| Overall Good: <input checked="" type="checkbox"/>      |                                                                                                           |        |                 |
| <b>Signs/Marker:</b>                                   |                                                                                                           |        |                 |
| Type                                                   | WELLHEAD                                                                                                  |        |                 |
| Comment:                                               | Sign at location entrance.<br>Corrective action from previous inspection completed. Correct API# on sign. |        |                 |
| Corrective Action:                                     |                                                                                                           |        | Date:           |
| Emergency Contact Number:                              |                                                                                                           |        |                 |
| Comment:                                               | 1-866-767-3600 or 911                                                                                     |        |                 |
| Corrective Action:                                     |                                                                                                           |        | Date: _____     |
| Overall Good: <input checked="" type="checkbox"/>      |                                                                                                           |        |                 |
| <b>Spills:</b>                                         |                                                                                                           |        |                 |
| Type                                                   | Area                                                                                                      | Volume |                 |
| In Containment: No                                     |                                                                                                           |        |                 |
| Comment:                                               |                                                                                                           |        |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |                                                                                                           |        |                 |
| <b>Fencing/:</b>                                       |                                                                                                           |        |                 |
| Type                                                   | WELLHEAD                                                                                                  |        |                 |
| Comment:                                               | Injection wellhead inside housing                                                                         |        |                 |
| Corrective Action:                                     |                                                                                                           |        | Date:           |
| <b>Equipment:</b>                                      |                                                                                                           |        |                 |
| Type: Bradenhead                                       | # 1                                                                                                       |        | corrective date |
| Comment:                                               |                                                                                                           |        |                 |
| Corrective Action:                                     |                                                                                                           |        | Date:           |
| Type: Deadman # & Marked                               | # 4                                                                                                       |        |                 |
| Comment:                                               |                                                                                                           |        |                 |
| Corrective Action:                                     |                                                                                                           |        | Date:           |
| <b>Venting:</b>                                        |                                                                                                           |        |                 |
| Yes/No                                                 | NO                                                                                                        |        |                 |
| Comment:                                               |                                                                                                           |        |                 |
| Corrective Action:                                     |                                                                                                           |        | Date:           |
| <b>Flaring:</b>                                        |                                                                                                           |        |                 |
| Type                                                   |                                                                                                           |        |                 |

|                    |       |
|--------------------|-------|
| Comment:           |       |
| Corrective Action: | Date: |

**Inspected Facilities**

Facility ID: 284102 Type: WELL API Number: 103-10724 Status: IJ Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

|            |                                   |                              |                             |
|------------|-----------------------------------|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>0</u> | Previous Test Pressure _____ | MPP _____                   |
|            | (e.g. 30 psig or -30" Hg)         |                              | Inj Zone: <u>CSLGT</u>      |
| TC:        | Pressure or inches of Hg <u>0</u> | Previous Test Pressure _____ | Last MIT: <u>06/25/2018</u> |
| Brhd:      | Pressure or inches of Hg <u>0</u> | Previous Test Pressure _____ | AnnMTReq: _____             |

Comment: Routine UIC Inspection. Well shut in.

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT

**Attached Documents**

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

| Document Num | Description                    | URL                                                                                                                                                                 |
|--------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 693802229    | Inspection photos<br>6/22/2020 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5182158">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5182158</a> |