

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:  
402640535

Date Received:  
03/26/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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                                  |
|--------------------------|-----------------------|--|
| <u>Foundation Energy</u> | <u>(866) 767-3600</u> | <u>regulatory@foundationenergy.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 688310075  
Inspection Date: 03/18/2021 FIR Submit Date: 03/24/2021 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: 336930

Location Name: TONER-61N45W Number: 28NWNW County: YUMA  
Qtrqr: NWN Sec: 28 Twp: 1N Range: 45W Meridian: 6  
W  
Latitude: 40.030440 Longitude: -102.414440

FACILITY - API Number: 05-125-00 Facility ID: 280805

Facility Name: TONER Number: 11-28  
Qtrqr: NWN Sec: 28 Twp: 1N Range: 45W Meridian: 6  
W  
Latitude: 40.030440 Longitude: -102.414440

CORRECTIVE ACTIONS:

1 CA# 147612

Corrective Action: Install or repair wildlife protection equipment. Prevent any unauthorized discharge (specify condition if it is E&P waste, improper disposal, trash, etc.) Date: 04/26/2021

Response: CA COMPLETED Date of Completion: 03/25/2021

Operator Comment: Corrective action completed, tank cover is now closed. See attached photos.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective action has been completed.

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Afton liams

Signed: \_\_\_\_\_

Title: HSE/Regulatory Technician

Date: 3/26/2021 8:16:35 AM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

|           |                 |
|-----------|-----------------|
| 402640536 | Location Photos |
|-----------|-----------------|

Total Attach: 1 Files