

**FORM
INSP**

Rev
X/20

**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:

03/18/2021

Submitted Date:

03/23/2021

Document Number:

688310064

FIELD INSPECTION FORM

Loc ID 304361 Inspector Name: Sherman, Susan 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:

- 10 Number of Comments
- 2 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 |
|-------------------|----------------|---------------------------------|---------------------------------|
| Foundation Energy | (866) 767-3600 | regulatory@foundationenergy.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 260312 | WELL | PR | 05/31/2007 | GW | 125-08304 | BROWN 43-33 | PR |

General Comment:

[Routine Inspection](#)

[Contact inspector about water at wellhead \(see attached photos\). May be stuffing box leak/spill or related to bradenhead plumbed to surface.](#)

Location

Overall Good:

Signs/Marker:

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

Emergency Contact Number:

| | | | |
|--------------------|--------------|-------|--|
| Comment: | 866-767-3600 | Date: | |
| Corrective Action: | | | |

Good Housekeeping:

| | | | |
|--------------------|--|--|------------------|
| Type | WEEDS | | |
| Comment: | Control weeds in area that was fence for interim reclamation. Fencing is partly down and interim reclamation was not passed. | | |
| Corrective Action: | Comply with Rule 606 | | Date: 04/07/2021 |

Overall Good:

Spills:

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

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

| | | | |
|--------------------|-----------|--|-------|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type | PUMP JACK | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Equipment:

| Type | | | corrective date |
|--------------------------|---------------------------------|--|-----------------|
| Type: Bird Protectors | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 1 | | |
| Comment: | digital, 10/20 calibration card | | |
| Corrective Action: | | | Date: |

| | | | |
|--------------------------|--------------------------|--|------------------|
| Type: Prime Mover | # 1 | | |
| Comment: | electric motor | | |
| Corrective Action: | | | Date: |
| Type: Vertical Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 1 | | |
| Comment: | Stuffing box leakinf | | |
| Corrective Action: | Contact COGCC Inspector. | | Date: 03/30/2021 |

Venting:

| | | | |
|--------------------|----|--|-------|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Flaring:

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

Location Construction

Location ID: 260312 CDP: _____

Comment:

Corrective Action:

Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action:

Date: _____

Wildlife BMPs:

Comment:

Corrective Action:

Date: _____

Comment:

Corrective Action:

Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 260312 Type: WELL API Number: 125-08304 Status: PR Insp. Status: PR

Producing Well

Comment: [pr 1/1/2021 production reported to COGCC database.](#)

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 | Pass | Gravel | Pass | | | |

Comment: [Sandy soil location.](#)

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 |
|--------------|-------------------------------|---|
| 402637400 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5384237 |
| 688310122 | Foundation Energy Brown 43-33 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5384236 |