

**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:

03/24/2021

Document Number:

688310127

**FIELD INSPECTION FORM**

Loc ID: 303207 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:**

- 11 Number of Comments
- 1 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
252667	WELL	PR	04/03/1995	GW	125-06543	THOMAS 1-34X	PR
464571	OFF-LOCATION FLOWLINE	AC	05/22/2019		-	Production Line 34NWNW	AC

**General Comment:**

Routine Inspection

**Location**

Overall Good:

**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:	maintain NFPA label, 0 (see attached photo)		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
Comment:	lease sign at CR Y		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date:

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

**Equipment:**

Type			corrective date
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	one unused/unmarked riser (see attached photo)		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 2		
Comment:	one chart, one motor valve; 10/20 calibration card of Fonte 3-27		
Corrective Action:		Date:	
Type: Vertical Heated Separator	# 1		

Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	100 BBLs	FIBERGLASS AST		
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				
				Date:

**Wells Served By Facilities Above**

**AirsID**

API Number	API Number	AirsID
125-06543		
125-07423		

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			
Corrective Action:			Date:

**Location Construction**

Location ID: 252667 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: 252667 Type: WELL API Number: 125-06543 Status: PR Insp. Status: PR

**Producing Well**

Comment: pr 1/1/2021 production reported to COGCC database.

Corrective Action:

Date:

Facility ID: 464571 Type: OFF- API Number: - Status: AC Insp. Status: AC

**Flowline**

#1	Type:	of Lines
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Flowline Description

Flowline Type: \_\_\_\_\_ Size: \_\_\_\_\_ Material: \_\_\_\_\_  
 Variance: \_\_\_\_\_ Age: \_\_\_\_\_ Contents: \_\_\_\_\_

Integrity Summary

Failures: \_\_\_\_\_ Spills: \_\_\_\_\_ Repairs Made: \_\_\_\_\_  
 Coatings: \_\_\_\_\_ H2S: \_\_\_\_\_ Cathodic Protection: \_\_\_\_\_

Pressure Testing

Witnessed: \_\_\_\_\_ Test Result: \_\_\_\_\_ Charted: \_\_\_\_\_

COGCC Rules(check all that apply)

1101. Installation and Reclamation  1102. Operations, Maintenance, and Repair  1103. Abandonment

Comment: There should be a flow line from well, Fonte 3-27 (125-07423) to the gas meter shed at this well, Thomas 1-34X). It is not mapped yet. This mapped flow line goes to the gathering line across CR Y.

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			
Compaction	Fail					

Comment: [See attached photo of past offsite sediment transport east of tank.](#)

Corrective Action: [Install or repair required BMPs per Rule 1002.f.\(2\)C](#)

Date: 04/07/2021

**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
402638648	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5385242">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5385242</a>
688310130	Foundation Energy Thomas 1-34X	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5385236">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5385236</a>