

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:

402657642

Date Received:

04/14/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Labowskie, Steve

steve.labowskie@state.co.us

Browning, Chuck

970-433-4139

chuck.browning@state.co.us

Contact, General

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693802919

Inspection Date: 04/05/2021

FIR Submit Date: 04/07/2021

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: 322429

Location Name: FEDERAL-68S104W Number: 11NWSW County: GARFIELD

Qtrqr: NWS Sec: 11 Twp: 8S Range: 104W Meridian: 6

W

Latitude: 39.381648 Longitude: -108.963865

FACILITY - API Number: 05-045- -00 Facility ID: 210481

Facility Name: FEDERAL Number: 3-11-8-104

Qtrqr: NWS Sec: 11 Twp: 8S Range: 104W Meridian: 6

W

Latitude: 39.381648 Longitude: -108.963865

CORRECTIVE ACTIONS:

1 CA# 148160

Corrective Action: Comply with Rule 606

Date: 04/16/2021

Response: CA COMPLETED

Date of Completion: 04/13/2021

Corrective action completed, see attached photos.

Operator
Comment:

COGCC Decision:

COGCC
Representative:

2 CA# 148161

Corrective Action: Install sign to comply with Rule 605.h.

Date: 07/05/2021

Response: CA COMPLETED

Date of Completion: 04/13/2021

Operator
Comment:

Corrective action completed, see attached photo.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions have been completed.

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

Print Name: Afton Iiams

Signed:

Title: HSE/Regulatory Technician

Date: 4/14/2021 7:15:26 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
402657644	Location Photo
402657646	Location Photo

Total Attach: 2 Files