

**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:

05/05/2021

Submitted Date:

05/06/2021

Document Number:

701002906

FIELD INSPECTION FORM

Loc ID 304271 Inspector Name: Welsh, Brian 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:

9 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
Quint, Craig		craig.quint@state.co.us	
Morgan, John		john.morgan@state.co.us	
Beard, Alyssa		regulatory@foundationenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
89495	WELL	IJ	12/01/2017	DSPW	125-08172	ALLISON WDW 41-6	AC

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Gravel entrance off of main county road		
Corrective Action		Date:	

Overall Good:

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	Lease sign by metal berms		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by metal berms		
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	LOCATION		
Comment:	Wire fence around location		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 5		
Comment:	Electric panel, triplex pump and filter pot inside metal shed, 2-chemical tanks w/containment		
Corrective Action:		Date:	

Tanks and Berms:					
Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	0	OTHER	FIBERGLASS AST		39.919160,-102.223690
Comment:	Tank removed from location				
Corrective Action:		Date:			

Paint

Condition	
Other (Content)	
Other (Capacity)	

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment: _____
 Corrective Action: _____ Date: _____

Contents	#	Capacity	Type	Tank ID	SE GPS
USED OIL	1	1500 GAL	CONCRETE SUMP/VAULT		39.919160,-102.223690

Comment: [Concrete sump on south side of metal shed](#)
 Corrective Action: _____ Date: _____

Paint

Condition	_____
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Comment: _____
 Corrective Action: _____ Date: _____

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	3	400 BBLs	FIBERGLASS AST		39.919160,-102.223690

Comment: _____
 Corrective Action: _____ Date: _____

Paint

Condition	_____
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Comment: _____
 Corrective Action: _____ Date: _____

Venting:

Yes/No	_____
Comment:	_____
Corrective Action:	_____ Date: _____

Flaring:

Type	_____
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Comment:		
Corrective Action:	Date:	

Inspected Facilities

Facility ID: 89495 Type: WELL API Number: 125-08172 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-1" Hg</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>LKMR</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/05/2020</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG INJ @ -1" Hg

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT