

**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 FORMLoc ID 304271 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**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

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

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	L	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:				
<input type="checkbox"/> 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)						
<u>Berms</u>						
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:
<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
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:
<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate		
Comment:						
Corrective Action:						Date:
<u>Venting:</u>						
Yes/No						
Comment:						
Corrective Action:					Date:	
<u>Flaring:</u>						
Type						

Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility 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 -1" Hg Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: LKMR

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 05/05/2020

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

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