

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:
402732705

Date Received:
06/29/2021

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
<u>Energy, Foundation</u>		<u>regulatory@foundationenergy.com</u>
<u>Thompson, Bud</u>		<u>BLThomps@BLM.gov</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 700403427
Inspection Date: 09/15/2020 FIR Submit Date: 09/16/2020 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: 315473

Location Name: RANGLEY SOUTH FED-61S102W Number: 1NWNW County: RIO BLANCO
Qtrqtr: NWN Sec: 1 Twp: 1S Range: 102W Meridian: 6
W
Latitude: 40.003380 Longitude: -108.796850

FACILITY - API Number: 05-103-00 Facility ID: 230888

Facility Name: RANGLEY SOUTH FED Number: 13-1-1-102
Qtrqtr: NWN Sec: 1 Twp: 1S Range: 102W Meridian: 6
W
Latitude: 40.003380 Longitude: -108.796850

CORRECTIVE ACTIONS:

1 CA# 141941

Corrective Action: Install sign to comply with Rule 210.e. Date: 10/15/2020

Response: CA COMPLETED Date of Completion: 12/08/2020

Corrective action completed, see attached photo.

Operator Comment: _____

COGCC Decision: _____

COGCC Representative: _____

2 CA# 141942

Corrective Action: Install sign to comply with Rule 210.b.

Date: 10/15/2020

Response: CA COMPLETED

Date of Completion: 12/08/2020

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: 6/29/2021 10:26:30 AM

ATTACHMENT LIST

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

Document Number	Description
402732707	Location Photo

Total Attach: 1 Files