

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:
402734359

Date Received:
06/30/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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>Kellerby, Shaun</u>	<u>970-712-1248</u>	<u>shaun.kellerby@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 700401171
Inspection Date: 04/22/2020 FIR Submit Date: 04/23/2020 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: 316342

Location Name: BANTA RIDGE FED-61S103W Number: 19NENE County: RIO BLANCO
Qtrqtr: NENE Sec: 19 Twp: 1S Range: 103W Meridian: 6
Latitude: 39.951250 Longitude: -108.992310

FACILITY - API Number: 05-103-00 Facility ID: 267520

Facility Name: BANTA RIDGE FED Number: 16-19-1-103
Qtrqtr: NENE Sec: 19 Twp: 1S Range: 103W Meridian: 6
Latitude: 39.951250 Longitude: -108.992310

CORRECTIVE ACTIONS:

1 CA# 138257

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 05/31/2020

Response: CA COMPLETED

Date of Completion: 07/06/2020

Operator Comment: Correctiv action completed, see attached photos.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action has been completed.

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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: 6/30/2021 12:03:59 PM

ATTACHMENT LIST

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

Document Number **Description**

402734367	Location Photos
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Total Attach: 1 Files