

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:  
402744407

Date Received:  
07/12/2021

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>Contact, General</u>		<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696202845  
Inspection Date: 06/21/2021 FIR Submit Date: 06/22/2021 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: 322339

Location Name: GOVERNMENT-66S104W Number: 34NENE County: \_\_\_\_\_  
Qtrqr: NENE Sec: 34 Twp: 6S Range: 104W Meridian: 6  
Latitude: 39.499473 Longitude: -108.967543

FACILITY - API Number: 05-045-00 Facility ID: 322339

Facility Name: GOVERNMENT-66S104W Number: 34NENE  
Qtrqr: NENE Sec: 34 Twp: 6S Range: 104W Meridian: 6  
Latitude: 39.499473 Longitude: -108.967543

CORRECTIVE ACTIONS:

1 CA# 152072

Corrective Action: Comply with Rule 606 Date: 06/29/2021

Response: CA COMPLETED Date of Completion: 06/29/2021

Operator Comment: Corrective action is completed, see attached photos.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative: \_\_\_\_\_

**2** CA# 152073

Corrective Action: Install proper guy line markers per Rule 1003.a

Date: 07/06/2021

Response: CA COMPLETED

Date of Completion: 07/02/2021

Operator  
Comment: Corrective action is 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 liams

Signed: \_\_\_\_\_

Title: HSE/Regulatory Technician

Date: 7/12/2021 11:51:12 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402744424	Location Photos
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Total Attach: 1 Files