

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:
402820893

Date Received:
09/23/2021

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>-</u>		<u>dnr_cogccengineering@state.co.us</u>
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>chuck.browning@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Contact, General</u>		<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 680403803
Inspection Date: 09/28/2018 FIR Submit Date: 09/30/2018 FIR Status: _____

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC Company Number: 10112
Address: 1801 BROADWAY SUITE 1500
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 312370

Location Name: KENWOOD-HUNTERS CANYON-68S100W Number: 30SWNE County: MESA
Qtrqtr: SWNE Sec: 30 Twp: 8S Range: 100W Meridian: 6
Latitude: 39.332020 Longitude: -108.588241

FACILITY - API Number: 05-077-00 Facility ID: 221341

Facility Name: KENWOOD-HUNTERS CANYON Number: 4
Qtrqtr: SWNE Sec: 30 Twp: 8S Range: 100W Meridian: 6
Latitude: 39.332020 Longitude: -108.588241

CORRECTIVE ACTIONS:

1 CA# 119110

Corrective Action: Contact dnr_cogccengineering@state.co.us with resolution plan.

Date: 10/12/2018

Response: CA COMPLETED

Date of Completion: 09/09/2019

Operator
Comment:

Well was plugged and abandoned in September 2019 (Form 6 SROA Doc #402224882).

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

Corrective action 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: 9/23/2021 12:56:59 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files