

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:
402820961

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>Waldron, Emily</u>		<u>emily.waldron@state.co.us</u>
<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>
<u>COGCC, Engineering</u>	<u>303-894-2100</u>	<u>dnr_cogccEngineering@state.co.us</u>
<u>Pesicka, Conor</u>	<u>970-415-0789</u>	<u>conor.pesicka@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679701587
Inspection Date: 10/31/2018 FIR Submit Date: 10/31/2018 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: 315619

Location Name: COLUMBINE SP FED-64S104W Number: 13SWNW County: RIO BLANCO
Qtrqtr: SWN Sec: 13 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.712980 Longitude: -109.026740

FACILITY - API Number: 05-103-00 Facility ID: 231170

Facility Name: COLUMBINE SP FED Number: 12-13-4-104
Qtrqtr: SWN Sec: 13 Twp: 4S Range: 104W Meridian: 6
Latitude: 39.712980 Longitude: -109.026740

CORRECTIVE ACTIONS:

1 CA# 120072

Corrective Action:

Date: 01/20/2018

Contact dnr_cogccengineering@state.co.us with resolution plan.

Response: CA COMPLETED

Date of Completion: 06/24/2019

Operator
Comment: MIT conducted 6/24/19; Form 21 Doc #402148536.

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 liams

Signed:

Title: HSE/Regulatory Technician

Date: 9/23/2021 1:39:05 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files