

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402822807

Date Received:
09/27/2021

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>Engineering</u>		<u>dnr_cogccengineering@state.co.us</u>
<u>Allred, Josh</u>	<u>(970) 629-5914</u>	<u>jallred@foundationenergy.com</u>
<u>Contact, General</u>		<u>regulatory@foundationenergy.com</u>
<u>Hartman, Robert</u>	<u>(970) 244-3041</u>	<u>bhartman@blm.gov</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689400337
Inspection Date: 09/21/2017 FIR Submit Date: 09/25/2017 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: 322352

Location Name: FEDERAL-67S104W Number: 23NWSW County: GARFIELD
Qtrqr: NWS Sec: 23 Twp: 7S Range: 104W Meridian: 6
W
Latitude: 39.434747 Longitude: -108.962853

FACILITY - API Number: 05-045-00 Facility ID: 210347

Facility Name: FEDERAL Number: 23-12
Qtrqr: NWS Sec: 23 Twp: 7S Range: 104W Meridian: 6
W
Latitude: 39.434747 Longitude: -108.962853

CORRECTIVE ACTIONS:

1 CA# 102887

Corrective Action: A Sundry Notice, Form 4, shall be submitted annually stating the method the well is closed to the atmosphere and plans for future operation. Well must have a successful mechanical integrity test performed or plugged as directed by Rule 319 b (3)

Date: 10/04/2017

Response: CA COMPLETED

Date of Completion: 10/30/2018

Operator Comment: Well was plugged and abandoned in October 2018 (Form 6 SROA Doc #401846973).

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: 9/27/2021 8:03:32 AM

ATTACHMENT LIST

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

Document Number	Description

Total Attach: 0 Files