

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:  
402832662

Date Received:  
10/06/2021

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>Contact, General</u>		<u>regulatory@foundationenergy.com</u>
<u>Ellsworth, Stuart</u>		<u>Stuart.ellsworth@state.co.us</u>
<u>Allred, Josh</u>	<u>970-629-5914</u>	<u>jallred@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 675103187  
Inspection Date: 12/15/2016 FIR Submit Date: 12/15/2016 FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC Company Number: 10112  
Address: 16000 DALLAS PARKWAY #875  
City: DALLAS State: TX Zip: 75248-6607

LOCATION - Location ID: 315477

Location Name: COLUMBINE SP FED-64S104W Number: 14SESW County: RIO BLANCO  
Qtrqtr: SESW Sec: 14 Twp: 4S Range: 104W Meridian: 6  
Latitude: 39.706800 Longitude: -109.042690

FACILITY - API Number: 05-103-00 Facility ID: 230897

Facility Name: COLUMBINE SP FED Number: 3-14-4-104  
Qtrqtr: SESW Sec: 14 Twp: 4S Range: 104W Meridian: 6  
Latitude: 39.706800 Longitude: -109.042690

CORRECTIVE ACTIONS:

1 CA# 54617

Corrective Action: Contact Area COGCC Engineer if beyond required time frame or Fails MIT Date: 12/25/2016

Response: CA COMPLETED Date of Completion: 06/16/2019

Operator Comment: Well was plugged and abandoned in June 2019; Form 6 SROA was submitted 7/19/2019 (Doc #402093714).

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

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective action 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: 10/6/2021 7:56:50 AM

**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