

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:

402833086

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

Contact, General

Schlagenhauf, Mark

McFarland, Nick

Email

regulatory@foundationenergy.com

mark.schlagenhauf@state.co.us

nick.mcfarland@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 693200554

Inspection Date: 01/24/2020

FIR Submit Date: 01/28/2020

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# 136169

Corrective Action: Complete flowline and crude oil transfer line abandonments to comply with Rule 1105.

Date: \_\_\_\_\_

Response: CA COMPLETED

Date of Completion: 02/03/2020

Please reference follow up inspection, Doc #693200573. COGCC met on location with Foundation staff who explained that gas sales changed custody at the wellhead and that the flowline belonged to Excel Energy, who

Operator Comment: performed flowline abandonment activities.

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: 10/6/2021 10:22:17 AM

**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