

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:

402731868

Date Received:

06/28/2021

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>Thompson, Bud</u>		<u>BLThomps@BLM.gov</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: 693802502

Inspection Date: 11/05/2020

FIR Submit Date: 11/09/2020

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: 322396

Location Name: LEWIS USA-67S105W Number: 36NENE County: GARFIELD

Qtrqtr: NENE Sec: 36 Twp: 7S Range: 105W Meridian: 6

Latitude: 39.416884 Longitude: -109.042203

FACILITY - API Number: 05-045- -00 Facility ID: 210408

Facility Name: LEWIS USA Number: 36-1

Qtrqtr: NENE Sec: 36 Twp: 7S Range: 105W Meridian: 6

Latitude: 39.416884 Longitude: -109.042203

CORRECTIVE ACTIONS:

1 ☒ CA# 144285

Corrective Action: Comply with rule 341.a.2

Date: 12/10/2020

Response: CA COMPLETED

Date of Completion: 11/25/2020

Corrective action completed, bradenhead plumbed to surface.

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative: Reinspected 12/17/2020 insp Doc#693802568. CA completed

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action has been 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: 6/28/2021 3:17:36 PM

ATTACHMENT LIST

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

Document Number **Description**

402731868	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files