

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:
402820880

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

Pesicka, Conor

conor.pesicka@state.co.us

Labowskie, Steve

steve.labowskie@state.co.us

Contact, General

regulatory@foundationenergy.com

Browning, Chuck

970-433-4139

chuck.browning@state.co.us

dnr_cogccengineering@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 680403934

Inspection Date: 10/17/2018

FIR Submit Date: 10/18/2018

FIR Status: _____

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC

Company Number: 10112

Address: 1801 BROADWAY SUITE 1500

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 322497

Location Name: FEDERAL-68S104W Number: 10NWNE County: GARFIELD

Qtrqr: NWNE Sec: 10 Twp: 8S Range: 104W Meridian: 6

Latitude: 39.388065 Longitude: -108.972904

FACILITY - API Number: 05-045- -00 Facility ID: 210636

Facility Name: FEDERAL Number: 2-10-84

Qtrqr: NWNE Sec: 10 Twp: 8S Range: 104W Meridian: 6

Latitude: 39.388065 Longitude: -108.972904

CORRECTIVE ACTIONS:

1 ☒ CA# 119609

Corrective Action: Contact dnr_cogccengineering@state.co.us with resolution plan.

Date: 11/01/2018

Response: CA COMPLETED

Date of Completion: 09/04/2019

Operator Comment: Well was plugged and abandoned in September 2019 (Form 6 SROA Doc #402218680)

COGCC Decision: Approved

COGCC Representative: Reinspected 9/4/2019 insp Doc#693801072. Well PA'd. CA completed

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: 9/23/2021 12:47:24 PM

ATTACHMENT LIST

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

Document Number **Description**

402820880	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files