

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:

402837527

Date Received:

10/11/2021

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>Hartman, Robert</u>	<u>(970) 244-3041</u>	<u>bhartman@blm.gov</u>
<u>Allred, Josh</u>	<u>(970) 629-5914</u>	<u>jallred@foundationenergy.com</u>
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 675203615

Inspection Date: 11/16/2016

FIR Submit Date: 11/16/2016

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: 322449

Location Name: FEDERAL-68S104W Number: 3SWNE County: GARFIELD

Qtrqtr: SWNE Sec: 3 Twp: 8S Range: 104W Meridian: 6

Latitude: 39.400073 Longitude: -108.971161

FACILITY - API Number: 05-045- -00 Facility ID: 210531

Facility Name: FEDERAL Number: 1-3-8-104

Qtrqtr: SWNE Sec: 3 Twp: 8S Range: 104W Meridian: 6

Latitude: 39.400073 Longitude: -108.971161

CORRECTIVE ACTIONS:

1 CA# 54090

Corrective Action: Comply with Rule 603.f using the Rule 603.f guidance document for further details.

Date: 09/10/2016

Response: CA COMPLETED

Date of Completion: 10/07/2020

The pit on location was closed by COGCC on 10/7/2020. Weeds on location have been sprayed in 2021 by Elder Weed Spraying.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

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: 10/11/2021 1:30:50 PM

**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