

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:
402731819

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>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Browning, Chuck</u>	<u>970-433-4139</u>	<u>chuck.browning@state.co.us</u>
<u>Contact, General</u>		<u>regulatory@foundationenergy.com</u>
<u>Thompson, Bud</u>		<u>BLThomps@BLM.gov</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693802507
Inspection Date: 11/05/2020 FIR Submit Date: 11/10/2020 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: 323786

Location Name: FEDERAL-67S105W Number: 24NWSE County: GARFIELD
Qtrqr: NWSE Sec: 24 Twp: 7S Range: 105W Meridian: 6
Latitude: 39.439250 Longitude: -109.046770

FACILITY - API Number: 05-045-00 Facility ID: 210804

Facility Name: FEDERAL Number: 24-7
Qtrqr: NWSE Sec: 24 Twp: 7S Range: 105W Meridian: 6
Latitude: 39.439250 Longitude: -109.046770

CORRECTIVE ACTIONS:

1 CA# 144294

Corrective Action: Comply with rule 341.a.2 Date: 12/10/2020

Response: CA COMPLETED Date of Completion: 11/23/2020

Corrective action completed, bradenhead plumbed to surface.

Operator _____
Comment:

COGCC Decision: Approved

COGCC Representative: Followup inspection performed 11/1/2021 (Doc# 693803827).
Bradenhead plumbed to surface. 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 3:01:57 PM

ATTACHMENT LIST

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

Document Number **Description**

402731819	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files