

State of Colorado
Oil and Gas Conservation Commission

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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	Email
<u>Contact, General</u>		<u>regulatory@foundationenergy.com</u>
<u>Schlagenhauf, Mark</u>		<u>mark.schlagenhauf@state.co.us</u>
<u>McFarland, Nick</u>		<u>nick.mcfarland@state.co.us</u>

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: Approved

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.

Document Number Description

402833086	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files