

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

12/21/2021

Submitted Date:

12/21/2021

Document Number:

696303866

FIELD INSPECTION FORMLoc ID 331563 Inspector Name: PETRIE, ERICA On-Site Inspection ☐ 2A Doc Num: _____**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

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:

3 Number of Comments

0 Number of Corrective Actions

☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
,		regulatory@foundationenergy.com	All Inspections
Morgan, John		john.morgan@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
263494	WELL	SI	07/01/2019	OW	123-20908	STATE 36-16	SI

General Comment:

Inspected Facilities

Facility ID: 263494 Type: WELL API Number: 123-20908 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 4350

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DSND
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 07/10/2019
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 0 BH psi: 0

Insp. Status: _____

Comment: Start Time: 10:48
Start PSI: T - 0 PSI, C - 1509, BH - 0
5 Min: T - 0 PSI, C - 1505, BH - 0
10 Min: T - 0 PSI, C - 1503, BH - 0
15 Min: T - 0 PSI, C - 1502, BH - 0
20 Min: T - 0 PSI, C - 1500, BH - 0

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>UIC MIT for Verification of Repair.</u>	<u>petrie</u>	<u>12/21/2021</u>