

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:

402928969

Date Received:

01/18/2022

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

Foundation Energy

(866) 767-3600

regulatory@foundationenergy.com

Alyssa Beard

3032448114

abeard@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688311755

Inspection Date: 12/21/2021

FIR Submit Date: 12/29/2021

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: 336803

Location Name: WAKEFIELD-61N45W Number: 1SWSW County: YUMA

Qtrqr: SWS Sec: 1 Twp: 1N Range: 45W Meridian: 6  
W

Latitude: 40.076330 Longitude: -102.359320

FACILITY - API Number: 05-125- -00 Facility ID: 279345

Facility Name: WAKEFIELD Number: 14-1

Qtrqr: SWS Sec: 1 Twp: 1N Range: 45W Meridian: 6  
W

Latitude: 40.076330 Longitude: -102.359320

CORRECTIVE ACTIONS:

1 ☒ CA# 158953

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 01/31/2022

Response: CA COMPLETED

Date of Completion: 12/30/2021

Operator Comment: A card showing the most recent calibration information was placed in the shed. A photo showing the card is attached.

COGCC Decision: Approved via an AMI

COGCC Representative: Excellent photo attached to the FIRR showing the card and the calibration date 9/9/2021.

**OPERATOR COMMENT AND SUBMITTAL**

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Alyssa Beard

Signed: \_\_\_\_\_

Title: EHSR Manager

Date: 1/18/2022 8:48:06 AM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
402928969	FIR RESOLUTION SUBMITTED
402928975	Photo documentation

Total Attach: 2 Files