

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:
402968695

Date Received:
03/01/2022

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
<u>Foundation Energy</u>	<u>(866) 767-3600</u>	<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688312159
Inspection Date: 02/16/2022 FIR Submit Date: 02/24/2022 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: 304493

Location Name: SOC STATE 145-61N45W Number: 16SESW County: YUMA
Qtrqtr: SESW Sec: 16 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.048560 Longitude: -102.409920

FACILITY - API Number: 05-125-00 Facility ID: 263016

Facility Name: SOC STATE 145 Number: 24-16
Qtrqtr: SESW Sec: 16 Twp: 1N Range: 45W Meridian: 6
Latitude: 40.048560 Longitude: -102.409920

CORRECTIVE ACTIONS:

1 ☒ CA# 159845

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a.

Date: 02/25/2022

Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Response: CA COMPLETED

Date of Completion: 02/28/2022

Stuffing box leak was repaired, see attached photo.

Operator
Comment:

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action is 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: 3/1/2022 8:01:09 AM

ATTACHMENT LIST

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

Document Number **Description**

402968695	FIR RESOLUTION SUBMITTED
402968700	Location Photo

Total Attach: 2 Files