

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
Qtrqr: 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
Qtrqr: 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.
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.

Date: 02/25/2022

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.

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------------|
| 402968695 | FIR RESOLUTION SUBMITTED |
| 402968700 | Location Photo |

Total Attach: 2 Files