

**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:

03/28/2022

Submitted Date:

04/01/2022

Document Number:

688312407**FIELD INSPECTION FORM**Loc ID 425370 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10112Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 5057 KELLER SPRINGS RD STE 650City: ADDISON State: TX Zip: 75001**Status Summary:**

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

**Findings:**10 Number of Comments0 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                         |
|-------------------|----------------|---------------------------------|---------------------------------|
| Foundation Energy | (866) 767-3600 | regulatory@foundationenergy.com | <a href="#">All Inspections</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 425372      | WELL | PR     | 11/14/2011  | GW         | 125-11992 | Meis 13-9     | PR          |

**General Comment:**[Routine Field Inspection](#)

**Location**Overall Good: ☒

|                      |                    |       |  |
|----------------------|--------------------|-------|--|
| <b>Signs/Marker:</b> |                    |       |  |
| Type                 | OTHER              |       |  |
| Comment:             | lease sign at CR R |       |  |
| Corrective Action:   |                    | Date: |  |
| Type                 | WELLHEAD           |       |  |
| Comment:             |                    |       |  |
| Corrective Action:   |                    | Date: |  |

Emergency Contact Number:

Comment: 866-767-3600

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☐

|                |      |        |  |  |  |
|----------------|------|--------|--|--|--|
| <b>Spills:</b> |      |        |  |  |  |
| Type           | Area | Volume |  |  |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

|                    |           |       |  |
|--------------------|-----------|-------|--|
| <b>Fencing/:</b>   |           |       |  |
| Type               | WELLHEAD  |       |  |
| Comment:           |           |       |  |
| Corrective Action: |           | Date: |  |
| Type               | PUMP JACK |       |  |
| Comment:           |           |       |  |
| Corrective Action: |           | Date: |  |

|                          |                |       |                 |
|--------------------------|----------------|-------|-----------------|
| <b>Equipment:</b>        |                |       | corrective date |
| Type: Deadman # & Marked | # 4            |       |                 |
| Comment:                 |                |       |                 |
| Corrective Action:       |                | Date: |                 |
| Type: Vertical Separator | # 1            |       |                 |
| Comment:                 |                |       |                 |
| Corrective Action:       |                | Date: |                 |
| Type: Pump Jack          | # 1            |       |                 |
| Comment:                 |                |       |                 |
| Corrective Action:       |                | Date: |                 |
| Type: Prime Mover        | # 1            |       |                 |
| Comment:                 | electric motor |       |                 |
| Corrective Action:       |                | Date: |                 |
| Type: Gas Meter Run      | # 1            |       |                 |

|                    |  |       |  |
|--------------------|--|-------|--|
| Comment:           | digital, shed, 12/2021 calibration card is present |       |  |
| Corrective Action: |  | Date: |  |
| Type: Bradenhead   | # 1  |       |  |
| Comment:           | 2021 Form 17* is in COGCC database                 |       |  |
| Corrective Action: |  | Date: |  |

**Venting:**

|                    |    |       |  |
|--------------------|----|-------|--|
| Yes/No             | NO |       |  |
| Comment:           |    |       |  |
| Corrective Action: |    | Date: |  |

**Flaring:**

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

### Location Construction

Location ID: 425372 CDP: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

#### Form 2A COAs:

**Comment:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

#### Wildlife BMPs:

**Comment:** No problems seen.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Comment:** \_\_\_\_\_

**Corrective Action:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### On Site Inspection (305):

##### Surface Owner Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

##### Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_ Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

##### LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

##### Summary of Landowner Issues:

\_\_\_\_\_

##### Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

##### Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

| Inspected Facilities |  |       |      |             |           |         |    |               |    |
|----------------------|--|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:         | 425372   | Type: | WELL | API Number: | 125-11992 | Status: | PR | Insp. Status: | PR |
| Producing Well       |  |       |      |             |           |         |    |               |    |
| Comment:             | pr 2/1/2022 production is reported to COGCC database |       |      |             |           |         |    |               |    |
| Corrective Action:   |  |       |      | Date:       |           |         |    |               |    |

**Reclamation - Storm Water - Pit****Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

Comment: [CRP](#)

Corrective Action:

Date: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description          | URL   |
|--------------|----------------------|---|
| 688300114    | Foundation Meis 13-9 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5712453">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5712453</a> |