

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:
403020394

Date Received:
04/19/2022

FIR RESOLUTION FORM

Overall Status:

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
Young, Rob		regulatory@foundationenergy.com
Trujillo, Aaron		rob.young@state.co.us
Pesicka, Conor		aaron.trujillo@state.co.us
		conor.pesicka@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 691200362
Inspection Date: 08/23/2018 FIR Submit Date: 08/23/2018 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: 330667

Location Name: D.O.C. SHOWERS-68N60W Number: 32NWSW County:
Qtrqr: NWS Sec: 32 Twp: 8N Range: 60W Meridian: 6
W
Latitude: 40.616830 Longitude: -104.123426

FACILITY - API Number: 05-123-00 Facility ID: 330667

Facility Name: D.O.C. SHOWERS-68N60W Number: 32NWSW
Qtrqr: NWS Sec: 32 Twp: 8N Range: 60W Meridian: 6
W
Latitude: 40.616830 Longitude: -104.123426

CORRECTIVE ACTIONS:

1 CA# 118167

Corrective Action: Comply with Rule 605.a.(4)

Date: 08/22/2016

Response: CA COMPLETED

Date of Completion: 08/31/2018

Operator Comment: Berm deficiencies were repaired, see attached invoice for work performed.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action was completed; invoice is attached for the work performed to repair the inadequate berms. Please note that the DOC Showers 32-12-10 well was plugged and abandoned in September 2018.

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: 4/19/2022 1:24:15 PM

ATTACHMENT LIST

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

Document Number **Description**

403020403	Invoice
-----------	---------

Total Attach: 1 Files