

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:

403021887

Date Received:

04/20/2022

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>Jenkins, Steve</u>		<u>steve.jenkins@state.co.us</u>
<u>Regulatory, Foundation</u>		<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679700009
Inspection Date: 07/22/2015 FIR Submit Date: 07/27/2015 FIR Status: ACTION REQUIRED

Inspected Operator Information:

Company Name: FOUNDATION ENERGY MANAGEMENT LLC Company Number: 10112
Address: 16000 DALLAS PARKWAY #875
City: DALLAS State: TX Zip: 75248-6607

LOCATION - Location ID: 330480

Location Name: SOONER UNIT-68N58W Number: 28SENW County: WELD
Qtrqtr: SENW Sec: 28 Twp: 8N Range: 58W Meridian: 6
Latitude: 40.636360 Longitude: -103.868830

FACILITY - API Number: 05-123-00 Facility ID: 251370

Facility Name: SOONER UNIT Number: 28-6-1
Qtrqtr: SENW Sec: 28 Twp: 8N Range: 58W Meridian: 6
Latitude: 40.636360 Longitude: -103.868830

CORRECTIVE ACTIONS:

1 CA# 35515

Corrective Action: Remediate and report spills per Rule 906 Date: 07/30/2015

Response: CA COMPLETED Date of Completion: 07/24/2015

Operator Comment: For spill ID: 442140, reference Supplemental Form 19 Doc #'s: 400931588 & 400935113. For spill ID: 442612, reference Supplemental Form 19 Doc #'s: 400874012, 400875347, & 400931602.

COGCC Decision: Approved

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed. Form 19 Document numbers are provided in the corrective action and response section of this FIRR.

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: 4/20/2022 1:13:51 PM

ATTACHMENT LIST

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

Document Number **Description**

403021887	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files