

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:  
403022057

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>Beard, Alyssa</u>		<u>regulatory@foundationenergy.com</u>
<u>Trujillo, Aaron</u>		<u>aaron.trujillo@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693700106  
Inspection Date: 12/18/2018 FIR Submit Date: 12/20/2018 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: 318847

Location Name: ELLIOTT-68N58W Number: 27SENW County: \_\_\_\_\_  
Qtrqtr: SENW Sec: 27 Twp: 8N Range: 58W Meridian: 6  
Latitude: 40.634290 Longitude: -103.851152

FACILITY - API Number: 05-123-00 Facility ID: 318847

Facility Name: ELLIOTT-68N58W Number: 27SENW  
Qtrqtr: SENW Sec: 27 Twp: 8N Range: 58W Meridian: 6  
Latitude: 40.634290 Longitude: -103.851152

CORRECTIVE ACTIONS:

1  CA# 121211

Corrective Action: Submit a Form 27 with a proposal for soil sampling at the approximately Lat/Lon to document soil conditions related to a former produced water pit. Date: 01/19/2019

Response: CA COMPLETED Date of Completion: 01/18/2019

Operator Comment: Form 27 Doc #401908131 was submitted 1/18/2019. Pit ID: 112067 was closed under remediation project #12357.

COGCC Decision: Approved

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective action 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: 4/20/2022 2:08:20 PM

**ATTACHMENT LIST**

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

<b>Document Number</b>	<b>Description</b>
403022057	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files