

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:

403052653

Date Received:

05/18/2022

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

Beard, Alyssa

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688000639

Inspection Date: 04/13/2022

FIR Submit Date: 04/21/2022

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: 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# 161191

Corrective Action: Provide supplemental Form 27 updates with the requested information.

Date: 05/20/2022

Response: CA COMPLETED

Date of Completion: 05/05/2022

Operator Comment: Supplemental Form 27 #402721018 was submitted 4/28/2022 providing an update for REM #11274.
Supplemental Form 27 #403032706 was submitted 5/4/22 requesting closure of REM #17544.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Remediation project updates were provided to COGCC for both remediation projects via Form 27's.

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: 5/18/2022 8:04:00 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files