

**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:

06/21/2022

Submitted Date:

06/22/2022

Document Number:

701005263

**FIELD INSPECTION FORM**

Loc ID 303366 Inspector Name: Welsh, Brian On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

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

**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

**Findings:**

- 7 Number of Comments
- 0 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
Beard, Alyssa		regulatory@foundationenergy.com	
Quint, Craig		craig.quint@state.co.us	
Morgan, John		john.morgan@state.co.us	
Jones, Greg	(970) 630-3909	greg.jones@ownresources.com	
Dolezal, Pat	(970) 332-3585	pat.dolezal@ownresources.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
252995	WELL	SI	02/01/2019	DSPW	125-06872	BONNY DISPOSAL WELL 1	SI

**General Comment:**

Routine UIC Inspection

**Location**

**Lease Road:**

	Type Access		
comment:	Access off of CR 7		
Corrective Action:		Date:	

Overall Good:

**Signs/Marker:**

	Type TANK LABELS/PLACARDS		
Comment:	Metal signs by water tanks		
Corrective Action:		Date:	
	Type WELLHEAD		
Comment:	Lease sign mounted to pump shed		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:			
Corrective Action:		Date:	

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Equipment:**

	Type: Ancillary equipment	# 3		corrective date
Comment:	Electric panel, filter pot and electric transfer pump in metal shed.			
Corrective Action:		Date:		

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	3	OTHER	FIBERGLASS AST		39.673330,-102.233400
Comment:	3-750bbls tanks				
Corrective Action:		Date:			

**Paint**

Condition			
Other (Content)			
Other (Capacity)	750bbls		
Other (Type)			

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Comment:		
Corrective Action:		Date:

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**

Facility ID: 252995 Type: WELL API Number: 125-06872 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>LKTA</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/05/2020</u>
			AnnMTReq: <u>NO</u>

Comment: WELL IS SI AT TIME OF INSPECTION. CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG @ 0 PSIG

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

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT