

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:
402829870

Date Received:
10/04/2021

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

Kellerby, Shaun

970-712-1248

shaun.kellerby@state.co.us

Energy, Foundation

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 700401179

Inspection Date: 04/22/2020

FIR Submit Date: 04/23/2020

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: 316386

Location Name: BANTA RIDGE FED-61S103W Number: 20NWNW County: RIO BLANCO

Qtrqr: NWN Sec: 20 Twp: 1S Range: 103W Meridian: 6
W

Latitude: 39.953260 Longitude: -108.986600

FACILITY - API Number: 05-103- -00 Facility ID: 271467

Facility Name: BANTA RIDGE FED Number: 13-20-1-103

Qtrqr: NWN Sec: 20 Twp: 1S Range: 103W Meridian: 6
W

Latitude: 39.953260 Longitude: -108.986600

CORRECTIVE ACTIONS:

1 ☒ CA# 138307

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 05/31/2020

Response: CA COMPLETED

Date of Completion: 04/27/2020

Corrective action completed, separator leak was repaired. Follow up inspection, Doc #700401834, noted that this CA was resolved.

Operator _____
Comment: _____

COGCC Decision: Approved pending re-inspection

COGCC
Representative: _____

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: 10/4/2021 9:41:21 AM

ATTACHMENT LIST

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

Document Number **Description**

402829870	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files