

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:

403349528

Date Received:

03/22/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

regulatory@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 708200027

Inspection Date: 03/08/2023

FIR Submit Date: 03/13/2023

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: 331181

Location Name: FEDERAL OSPREY-68N60W Number: 35NENW County: \_\_\_\_\_

Qtrqr: NENW Sec: 35 Twp: 8N Range: 60W Meridian: 6

Latitude: 40.622480 Longitude: -104.061270

FACILITY - API Number: 05-123-00 Facility ID: 331181

Facility Name: FEDERAL OSPREY-68N60W Number: 35NENW

Qtrqr: NENW Sec: 35 Twp: 8N Range: 60W Meridian: 6

Latitude: 40.622480 Longitude: -104.061270

CORRECTIVE ACTIONS:

1 CA# 168069

Corrective Action: Comply with Rule 606 and remove debris.

Date: 03/20/2023

Response: CA COMPLETED

Date of Completion: 03/16/2023

Operator Comment: Corrective action has been completed.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 168070

Corrective Action: Comply with Rule 606 and remove any unused equipment.

Date: 03/20/2023

Response: CA COMPLETED

Date of Completion: 03/21/2023

Operator  
Comment: Corrective action has been completed.

COGCC Decision:

COGCC  
Representative:

#### OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions have been completed. Location photos are attached to this form.

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: 3/22/2023 8:11:19 AM

### ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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403352572	Location Photos
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Total Attach: 1 Files