

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:
402829907

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
<u>Kellerby, Shaun</u>	<u>970-712-1248</u>	<u>shaun.kellerby@state.co.us</u>
<u>Energy, Foundation</u>		<u>regulatory@foundationenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 700400678
Inspection Date: 03/26/2020 FIR Submit Date: 03/27/2020 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: 315468

Location Name: TAIGA MTN FED-61S103W Number: 16NWNW County: RIO BLANCO
Qtrqr: NWN Sec: 16 Twp: 1S Range: 103W Meridian: 6
W
Latitude: 39.966860 Longitude: -108.968470

FACILITY - API Number: 05-103-00 Facility ID: 230880

Facility Name: TAIGA MTN FED Number: 13-16-1-103
Qtrqr: NWN Sec: 16 Twp: 1S Range: 103W Meridian: 6
W
Latitude: 39.966860 Longitude: -108.968470

CORRECTIVE ACTIONS:

1 CA# 137490

Corrective Action: Control and contain spills/releases per Rule 906.a. Date: 04/03/2020

Response: CA COMPLETED Date of Completion: 03/30/2020

Operator Comment: Corrective action completed, the water tank fluid level was reduced below overflow. Follow up inspection, Doc #700401173, noted that this CA was resolved.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action completed.

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Afton liams

Signed: _____

Title: HSE/Regulatory Technician

Date: 10/4/2021 9:56:50 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