

**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:

05/27/2021

Submitted Date:

05/28/2021

Document Number:

688310445**FIELD INSPECTION FORM**Loc ID 335625 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10112Name of Operator: FOUNDATION ENERGY MANAGEMENT LLCAddress: 5057 KELLER SPRINGS RD STE 650City: ADDISON State: TX Zip: 75001**Status Summary:**

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

Findings:7 Number of Comments0 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		ABeard@foundationenergy.com	
Foundation Energy	(866) 767-3600	regulatory@foundationenergy.com	All Inspections
Sharp, Kelly		ksharp@foundationenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
273818	WELL	IJ	05/01/2020	DSPW	125-08932	BROWN SWD 2	SI

General Comment:[UIC MIT/5 Year Inspection, passed](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	OTHER		
Comment:	lease sign at CR 30		
Corrective Action:		Date:	
Type	OTHER		
Comment:	sign at pasture entrance		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 866-767-3600

Corrective Action:

Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 0		
Comment:			
Corrective Action:		Date:	
Type: Vertical Separator	# 0		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 0		

Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 273818 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: Emissions mitigation Form: (04) 401057146
6/28/2016 Installed a combustor onsite 5/15/2015. Was notified by Susan Sherman on 6/1/2016 to contact Melissa Housey to see if we needed to file a Form 4 stating we had made a change to the facility. Contacted Melissa Housey and she confirmed for us to file a Form 4.

Corrective Action: _____ Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____ Date: _____

Comment: _____

Corrective Action: _____ **Date:** _____

On Site Inspection (305):Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Inspected Facilities

Facility ID: 273818 Type: WELL API Number: 125-08932 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -24 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DK-LY

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 05/31/2016

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Document #402672820 42 (MITU) -00 Date&Time: 05/27/2021 10:00 APPROVED 4/27/2021
 Foundation's pump on trailer used to test well.
 2/1/2021 production reported to COGCC database, 395 psi water casing pressure and 0 psi water tubing pressure reported.
 Prior to test, 0 psi casing, -24 psi tubing, bradenhead 0 psi
 0 min 800 psi
 5 min 800 psi
 10 min 800 psi
 15 min 800 psi
 0 psi lost/gained
 After test, 0 psi casing, -24 psi tubing, 0 psi bradenhead
 Passed, signed Form 21 is attached.

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____Comment: _____

Corrective Action: _____ Date: _____

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
688310558	Foundation Energy Brown SWD 2 UIC	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5443845