

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:

402879628

Date Received:

11/24/2021

FIR RESOLUTION FORM

Overall Status:

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

Alyssa Beard

3032448114

abeard@foundationenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688310071

Inspection Date: 03/18/2021

FIR Submit Date: 03/24/2021

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: 303993

Location Name: BROWN-61N45W Number: 33SESE County: YUMA

Qtrqr: SESE Sec: 33 Twp: 1N Range: 45W Meridian: 6

Latitude: 40.006010 Longitude: -102.399470

FACILITY - API Number: 05-125-00 Facility ID: 253893

Facility Name: BROWN Number: 44-33R

Qtrqr: SESE Sec: 33 Twp: 1N Range: 45W Meridian: 6

Latitude: 40.006010 Longitude: -102.399470

CORRECTIVE ACTIONS:

1 CA# 147609

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 04/26/2021

Response: CA COMPLETED

Date of Completion: 03/24/2021

Operator Comment: The wellhead area was checked to make sure the source of the water was not related to operations or the bradenhead. Both were found to be not be leaking. The water was found to be the result of melting precipitation, and cows had gotten into the puddle and made a mess.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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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: Alyssa Beard

Signed: _____

Title: EHSR

Date: 11/24/2021 10:10:28 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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Total Attach: 0 Files