

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

401019237

Date Received:

INJECTION WELL PERMIT APPLICATION

Submit a completed Form 33 with or after approval obtained on Form 31 (Underground Injection Formation Permit Application) or you must have a previously approved injection Well Permit.

1. Operator may not commence injection into this well until this form is approved.
2. Each individual injection well must be approved by this form.

Per Rule 325, this form shall be submitted with all required attachments.

A Form 33 – Intent shall be submitted and approved prior to completing an injection zone.

A Form 33 – Subsequent shall be submitted following completion of the well and must be approved prior to injection.

NOTE: Injection for Enhanced Recovery requires the field to be unitized according to the 400 Series Rules. Injection for Disposal into a producing field requires unitization of the formation in the field.

Form 33 Type ☒ Intent ☐ Subsequent

OPERATOR INFORMATION

OGCC Operator Number: 10112	Contact Name and Telephone:
Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC	Name: Rachel Grant
Address: 16000 DALLAS PARKWAY #875	Phone: (918) 5265592 Fax: (915) 5265500
City: DALLAS State: TX Zip: 75248-6607	Email: regulatory@foundationenergy.com

WELL INFORMATION

Well Name and Number: GREEN 1-1 API No: 05-123-26575-00
Field Name and Number: CROW 13600 County: WELD
QtrQtr: NENE Sec: 1 Twp: 7N Range: 60W Meridian: 6

UIC FACILITY INFORMATION

UIC Facility ID: (as assigned on an approved Form 31)

Facility Name: Facility Number:

WELLBORE INFORMATION

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	12+1/4	8+5/8		0	539	247	539	0	CALC
1ST	7+7/8	5+1/2		0	6973	190	6973	5400	CBL

Plug Back Total Depth: 6896 Tubing Depth: 6888 Packer Depth:

List below all Plugs, Bridge Plugs, Stage Cementing or Squeeze Work performed on this wellbore:

Describe below any changes to the wellbore which will be made upon conversion (includes but not limited to changes of tubing and packer setting depths, any additional squeeze work for aquifer protection or casing leaks, setting of bridge plugs to isolate non-injection formations).

All the rods and pump will be removed. The tubing anchor will be removed. There will be a packer set at 6,792' and end of tubing will be at 6,824'.

WELLBORE COMPLETIONS

Formation Name	Gross Completed Interval from Top	Gross Completed Interval from Bottom	Completion Type
D SAND	6836	6846	Perforated

Operator Comments:

Refer to Order No. 555-1 for additional information. Form 31 submitted 3/31/2016.

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

Print Name: Scott Ryan

Signed: _____ Title: Landman Date: _____

OGCC Approved: _____ Title: _____ Date: 3/31/2016 2:36:54 PM

MAX. SURFACE INJECTION PRESSURE: _____ If Disposal Well, MAX. INJECTION VOL. LIMIT: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type **Description**

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Attachment Check List

Att Doc Num **Name**

401019456	WELLBORE DIAGRAM-CURRENT
401019458	WELLBORE DIAGRAM-PROPOSED

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)