

**State of Colorado
Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY

Document Number:
401019463

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

WELL INFORMATION

Well Name and Number: WICKSTROM 6-12 API No: 05-123-32065-00
 Field Name and Number: CROW 13600 County: WELD
 QtrQtr: NWSW Sec: 6 Twp: 7N Range: 59W 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	11	8+5/8		0	553	250	553	0	CALC
1ST	7+7/8	5+1/2		0	6980	180	6980	5730	CBL

Plug Back Total Depth: 6911 Tubing Depth: 6818 Packer Depth: _____

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

All rod and pump will be removed. Tubing anchor will be removed. A packer will be set at 6,766'. The end of tubing will be at 6,804'.

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).

WELLBORE COMPLETIONS

Formation Name	Gross Completed Interval from Top	Gross Completed Interval from Bottom	Completion Type
D SAND	6816	6822	Perforated

Operator Comments:

Please refer to Order No. 555-1 for additional information and unitization application. 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 3:46:38 PM

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

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

Att Doc Num	Name
401019471	WELLBORE DIAGRAM-CURRENT
401019472	WELLBORE DIAGRAM-CURRENT

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)