

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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FOR OGCC USE ONLY

Document Number:

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Date Received:

UNDERGROUND INJECTION FORMATION PERMIT APPLICATION

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

A Form 31 – Intent shall be submitted and approved prior to completing an injection zone.

A Form 31 – Subsequent shall be submitted following collection of water samples and injectivity test (if performed) and must be approved prior to injection in any new injection facility.

NOTE: Per Rule 324B, an aquifer exemption is required for any injection formation with water quality less than 10,000 mg/L total dissolved solids (TDS). Contact the Commission for further requirements if the TDS as determined by water analysis for the injection zone is less than 10,000 mg/L.

Form 31 Type

☒ Intent☐ Subsequent

UIC Facility ID 0

UIC Facility ID Required for Subsequent
Form 31

UIC FACILITY INFORMATION

Facility Name and Number: Greasewood South

County: WELD

Facility Location: SWNE / 23 / 6N / 61W / 6

Field Name and Number: GREASEWOOD SOUTH 32700

Facility Type: ☒ Enhanced Recovery☐ Disposal☐ Simultaneous DisposalSingle or Multiple Well Facility? ☒ Single☐ Multiple

Proposed Injection Program (Required):

The proposed plan is to inject into the "D" sand formation and provide pressure support to the wells located to the north west (Babb 14-14 and Kettl 23-3). Inject natural gas or combination of natural gas and water into Behring 23-7 since it is the highest well structurally.

OPERATOR INFORMATION

OGCC Operator Number: 10112

Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC

Address: 16000 DALLAS PARKWAY #875

City: DALLAS State: TX Zip: 75248-6607

Contact Name and Telephone:

Name: Rachel Grant

Phone: (918) 526-5592 Fax: (918) 585-1660

Email: regulatory@foundationenergy.com

INJECTED FLUID TYPE

All injected fluids must be Exempt E&P waste per RCRA Subpart C.

(Check all that apply.)

☒ Produced Water☒ Natural Gas☐ CO2☐ Drilling Fluids☐ Exempt Gas Plant Waste☐ Used Workover Fluids☐ Flowback Fluids☐ Other Fluids (describe):

Commercial Disposal Facility

☐ Yes☒ No

Commercial UIC Bond Surety ID:

Commercial Facility Description: Describe the physical region of the facility, the details of the operations, and the type of fluids to be injected.

PROPOSED INJECTION FORMATIONS

FORMATION (Name): D SAND Porosity: 15 %
Formation TDS: 8943 mg/L Frac Gradient: 0.75 psi/ft Permeability: 50 mD
Proposed Stimulation Program: ☐ Acid ☐ Frac Treatment ☐ None

ANTICIPATED FACILITY OPERATIONS CONDITIONS

Under normal operating conditions, estimated TOTAL fluid injection rates and pressures for this facility:

FOR WATER: Daily Injection Rate Range From 0 to 1000 bbls/day
Surface Injection Pressure Range From 0 to 2040 psi
FOR GAS: Daily Injection Rate Range From 0 to 1500 mcf/day
Surface Injection Pressure Range From 0 to 5000 psi

Estimated Initial Injection Date: 9/1/2017

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

Review all existing wells within 1/2 mile for injection formation isolation.

Area Review Date: 3/31/2017

Total number of Oil & Gas Wells within Area of Review: 3

ABANDONED WELLS (All wells that have been plugged: PA and DA status))

Total within Area of Review	<u>2</u>
Number To Be Re-Plugged	<u>0</u>

ACTIVE WELLS (All wells that have not been plugged: AC, DG, DM, IJ, PR, SU, SI, TA, WO, XX, UN status)

Total within Area of Review	<u>1</u>
Number Requiring Casing Repair	<u>0</u>
Number To Be Plugged	<u>0</u>

Operator's Area of Review Contact Email: aanderson@foundationenergy.com

☐ No Wells within 2,640'

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

Print Name: Rachel Grant Signed: _____

Title: HSE/Regulatory Manager Date: _____

COGCC Approved: _____ Date: _____

Form 31 - Intent Expiration Date: _____

Per Rule 325.o, a 90 day extension of the Expiration Date may be requested via a Sundry Notice, Form 4 submitted prior to Form 31- Intent expiration

Order Number: _____ UIC FACILITY ID: 0

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
<u>Attachment Check List</u>	
<u>Att Doc Num</u>	<u>Name</u>
401297422	MAP OF WATER WELLS ¼-MILE
401297423	OIL & GAS WELL PLAT
401297436	WELLBORE DIAGRAM-CURRENT
401298167	UNIT AREA PLAT
401310456	SURFACE USE AGREEMENT FOR SALT WATER DISPOSAL
401310669	REMEDIAL CORRECTION PLAN FOR WELLS ¼-MILE
401313675	LIST OF WATER WELLS ¼-MILE
401314455	OTHER
401314457	OTHER
401314502	MAP OF O&G WELLS IN AREA OF REVIEW
401314573	WELLBORE DIAGRAM-PROPOSED
401327564	OTHER
401352351	OTHER
401352488	SURFACE FACILITY DIAGRAM
401352505	OTHER
Total Attach: 15 Files	
<u>General Comments</u>	
<u>User Group</u>	<u>Comment</u>
Total: 0 comment(s)	

Comment Date

Stamp Upon
Approval