KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 33725
Name: Foundation Energy Management, LLC
Address 1: 5057 KELLER SPRINGS RD, SUITE 650
Address 2:
City: ADDISON State: TX Zip: 75001 + 6583
Contact Person: ALYSSA BEARD
Phone: (303) 244-8114
Lease Name: ROGERS SWD
Well Number: 1

API No.: 15-023-21352-00-00
Permit No: D31265.0
Reporting Year: 2021
(January 1 to December 31)

SE - SE - SW - SW Sec. 32 Twp. 5 S. R. 39 ☐ E ☑ W
(Q/Q/Q/Q)
184 feet from ☐ N / ☑ S Line of Section
4080 feet from ☑ E / ☐ W Line of Section
County: Cheyenne

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 2500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0		31
February	0	0	0		28
March	0	0	0		31
April	0	0	0		30
May	0	0	0		31
June	0	0	0		30
July	0	0	0		31
August	0	0	0		31
September	0	0	0		30
October	0	0	0		31
November	0	0	0		30
December	0	0	0		31
TOTAL	0		0		

Submitted Electronically