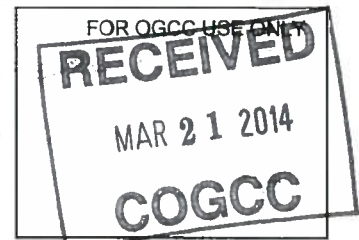


**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



**Complete the  
Attachment Checklist**  
 Oper OGCC

## UNDERGROUND INJECTION FORMATION PERMIT APPLICATION

1. Submit original and one copy of this form.
2. If data on this form is estimated, indicate as such.
3. Attachments – see checklist and explanation of attachments.
4. Aquifer exemption is required for all injection formations with water quality <10,000 TDS (Rule 322B). Immediately contact the Commission for further requirements if the total dissolved solids (TDS) as determined by water analysis for the injection zone is less than 10,000 ppm.
5. Attach a copy of the certified receipt to each notice to surface and mineral owner(s) or submit a sample copy of the notice and an affidavit of mailing or delivery with names and addresses of those notified. Each person notified shall be specified as either a surface or mineral owner as defined by C.R.S. 34-60-103(7).

Form 31 Original & 1 Copy	<input checked="" type="checkbox"/>
Analysis fo Injection Zone Water	<input type="checkbox"/>
Analysis of Injection Water	<input type="checkbox"/>
Proposed Injection Program	<input checked="" type="checkbox"/>
Resistivity or Induction Log	<input type="checkbox"/>
Cement Bond Log	<input type="checkbox"/>
Surface or Salt Water Displ Agrmt	<input type="checkbox"/>
Notice to Surface/Mineral Owners	<input checked="" type="checkbox"/>
Remedial Correction Plan for Wells	<input type="checkbox"/>
Map Oil/Water Wells w/in 1/4 Mile	<input checked="" type="checkbox"/>
List Oil/Gas Wells w/in 1/2 Mile	<input checked="" type="checkbox"/>
Map Surface Owners w/in 1/4 Mile	<input checked="" type="checkbox"/>
List Surface Owners w/in 1/4 Mile	<input checked="" type="checkbox"/>
Map Mineral Owners w/in 1/4 Mile	<input checked="" type="checkbox"/>
List Mineral Owners w/in 1/4 Mile	<input checked="" type="checkbox"/>
Surface Facility Diagram	<input type="checkbox"/>
Wellbore Diagram	<input type="checkbox"/>
If Commercial Facility, Description of Ops & Area Served	<input checked="" type="checkbox"/>
Unit Area Plat	<input type="checkbox"/>

Project Name: HIGH SIERRA WATER SERVICES - SWD #C3A Project Location: NWNW, Sec. 32, T4N, R65W, 6th PM

Project Type: ☐ Enhanced Recovery ☒ Disposal ☐ Simultaneous Disposal

Single or Multiple Well Facility? ☐ Single ☒ Multiple

IF UNIT OPERATIONS, ATTACH PLAT SHOWING UNIT AREA

County: WELD Field Name and Number: HAMBERT 33530

OGCC Operator Number: 10373

Name of Operator: HIGH SIERRA WATER SERVICES, LLC

Address: 3773 CHERRY CREEK NORTH DRIVE #1000

City: DENVER State: CO Zip: 80209

Contact Name and Telephone:  
DALE BUTCHER

No: 970-356-5560

Fax: 970-356-5563

Injection Fluid Type: ☒ Produced Water ☐ Natural Gas ☐ CO<sub>2</sub> ☐ Drilling Fluids

☐ Exempt Gas Plant Waste ☐ Used Workover Fluids ☐ Other Fluids (describe): \_\_\_\_\_

Commercial Facility? ☒ Yes ☐ No

If Yes, describe area of operation and types of fluids to be injected at this facility:

This well will serve producing oil and gas wells in the Wattenberg, Spindle and other nearby fields.

This location already has the Geraldine #32-1 UIC Well on the same pad, API# 05-123-19688, owned by High Sierra Water Services as well.

### PROPOSED INJECTION FORMATIONS

FORMATION A (Name): LYONS

Formation TDS: 14,650

Frac Gradient: \_\_\_\_\_

Porosity: 8%

psi/ft

Permeability: \_\_\_\_\_

Proposed Stimulation Program: ☒ Acid ☐ Frac Treatment ☐ None

FORMATION B (Name): FOUNTAIN

Formation TDS: 24,200

Frac Gradient: \_\_\_\_\_

Porosity: 4%

psi/ft

Permeability: \_\_\_\_\_

Proposed Stimulation Program: ☒ Acid ☐ Frac Treatment ☐ None

### Anticipated Project Operating Conditions

Under normal operating conditions, estimated fluid injection rates and pressures:

FOR WATER: A minimum of 5000 bbls/day @ 1000 psi to a maximum of 15000 bbls/day @ 2000 psi.

FOR GAS: A minimum of \_\_\_\_\_ mcf/day @ \_\_\_\_\_ psi to a maximum of \_\_\_\_\_ bbls/day @ \_\_\_\_\_ psi.

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

Print Name: PAUL GOTTLÖB

Signed: Paul Gottlob

Title: REGULATORY & ENGINEERING TECHNICIAN

Date: 3/21/2014

OGCC Approved: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Order No: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**UIC FACILITY NO:**