



FORM

31

Rev 6/99

State of Colorado

Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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SEP 10 2014

COGCC

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	✓
Analysis of Injection Zone Water	✓
Analysis of Injection Water	✓
Proposed Injection Program	✓
Resistivity or Induction Log	
Cement Bond Log	
Surface or Salt Water Displ Agrmt	✓
Notice to Surface/Mineral Owners	✓
Remedial Correction Plan for Wells	✓
Map Oil/Water Wells w/in 1/4 Mile	✓
List Oil/Gas Wells w/in 1/2 Mile	✓
Map Surface Owners w/in 1/4 Mile	✓
List Surface Owners w/in 1/4 Mile	✓
Map Mineral Owners w/in 1/4 Mile	✓
List Mineral Owners w/in 1/4 Mile	✓
Surface Facility Diagram	✓
Wellbore Diagram	✓
If Commercial Facility, Description of Ops & Area Served	
Unit Area Plat	

Project Name: SG 922-32D Project Location: SENW, Sec 32, T7S, R96WProject Type: ☐ Enhanced Recovery ☒ Disposal ☐ Simultaneous DisposalSingle or Multiple Well Facility? ☒ Single ☐ Multiple

IF UNIT OPERATIONS, ATTACH PLAT SHOWING UNIT AREA

County: Garfield Field Name and Number: Grand Valley 31290OGCC Operator Number: 96850Name of Operator: WPX Energy Rocky Mountain, LLCAddress: 1058 CR 215City: Parachute State: CO Zip: 81635Contact Name and Telephone:
Peggy CarterNo: (970) 263-2750Fax: (970) 285-9573Injection Fluid Type: ☒ Produced Water ☐ Natural Gas ☐ CO₂ ☐ 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:

PROPOSED INJECTION FORMATIONS

FORMATION A (Name): Iles (Cozzette) CorcoranFormation TDS: 47,880 ppm 12400 mg/L Frac Gradient: est 0.685 psi/ft Porosity: est 0.07-0.09 13% Permeability: est. 0.01-0.1 mdProposed Stimulation Program: ☐ Acid ☒ Frac Treatment ☐ NoneFORMATION B (Name): Corcoran Member, Iles FormationFormation TDS: 12400 mg/L Frac Gradient: 0.68 psi/ft Porosity: 13% Permeability: 0.1 mdProposed 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 500 bbls/day @ 100 psi to a maximum of 8500 est. bbls/day @ 1257 est. 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: Ashlee V. FechinoSigned: Ashlee V. FechinoTitle: Regulatory SpecialistDate: 9/9/14OGCC Approved: [Signature]Title: UIC - LeadDate: 8/29/2015

Order No: _____

UIC FACILITY NO: 159960

CONDITIONS OF APPROVAL, IF ANY:

operator to contact COGCC if they want to increase Maximum Daily Injection Rate above 8500 bbl/day. Operator to send Sundry Notices for: 1.) Notification of date of first injection, and 2.) With injected water analysis 1 year after the start of injection.