

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

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Document Number:
400927378

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.

- Operator may not commence injection into this well until this form is approved.
- 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>10589</u>	Contact Name and Telephone:
Name of Operator: <u>WINDY HILL WATER OPERATIONS LLC</u>	Name: <u>F. Lee Robinson</u>
Address: <u>P.O. BOX 18283</u>	Phone: <u>(303) 355-3242</u> Fax: <u>(303) 377-9798</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80218</u>	Email: <u>leelee10049@yahoo.com</u>

WELL INFORMATION

Well Name and Number: WINDY HILL 3-17D API No: 05-087-08145-00
 Field Name and Number: UNNAMED 85251 County: MORGAN
 QtrQtr: SENE Sec: 17 Twp: 3N Range: 55W 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	17+1/2	13+3/8	54.5	0	485	350	485	0	VISU
1ST	12+1/4	8+5/8	32	0	5431	1830	5431	0	CALC

Plug Back Total Depth: 5385 Tubing Depth: 5050 Packer Depth: 5050

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

None

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).

No changes to the current wellbore are anticipated.

WELLBORE COMPLETIONS

Formation Name	Gross Completed Interval from Top	Gross Completed Interval from Bottom	Completion Type
J SAND	5130	5300	Perforated

Operator Comments:

Wellbore casing information based on Form 5 submitted on June 19, 2015 (Doc # 400848480).
 A seismic monitoring station will be installed.

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

Print Name: Nikki Scheinost

Signed: _____ Title: Environmental Scientist Date: _____

OGCC Approved: _____ Title: _____ Date: 10/29/2015 3:09:40 PM

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

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400931396	WELLBORE DIAGRAM-CURRENT

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)