

**FORM**  
**33**  
Rev 07/15

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

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



FOR OGCC USE ONLY

Document Number:  
**400930421**

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>10373</u>	Contact Name and Telephone:
Name of Operator: <u>NGL WATER SOLUTIONS DJ LLC</u>	Name: <u>Paul Gottlob</u>
Address: <u>3773 CHERRY CRK NORTH DR #1000</u>	Phone: <u>(720) 420-5747</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80209</u>	Email: <u>paul.gottlob@iptenergyservices.com</u>

**WELL INFORMATION**

Well Name and Number: NGL    C2C    API No: 05- - -00

Field Name and Number: SPINDLE    77900    County: WELD

QtrQtr: SESW    Sec: 28    Twp: 1N    Range: 67W    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	13+1/2	9+5/8	36	0	1130	330	1130	0	
1ST	8+3/4	7	26	0	9311	117	9311	7997	
1ST LINER	6+1/8	4+1/2	11.6	9261	11302				
	8+3/4	7	Stage Tool		7997	837	7997	0	

Plug Back Total Depth: \_\_\_\_\_    Tubing Depth: 9211    Packer Depth: 9211

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

A DV Tool will be set @ 7997' and cemented with 657 sx lead & 180 sx tail, TOTAL of 837 sx.  
EOT & Packer Planned at 9211', PBR & TOL Planned at 9261', with External Casing Packers planned at 9626' & 9858'.

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).

**WELLBORE COMPLETIONS**

Formation Name	Gross Completed Interval from Top	Gross Completed Interval from Bottom	Completion Type
AMAZON	9818	9858	Perforated
DENVER BASIN COMBINED DISPOSAL ZONE	9311	11302	Perforated

FOUNTAIN	9858	11302	Perforated
INGLESIDE	9449	9626	Perforated
LOWER SATANKA	9626	9773	Perforated
LYONS	9311	9449	Perforated
WOLFCAMP	9773	9818	Perforated

Operator Comments:

Casing, Cementing & Formation depths entered are projected.

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

Print Name: Paul Gottlob

Signed: \_\_\_\_\_ Title: Regulatory & Engin. Tech. Date: \_\_\_\_\_

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 11/4/2015 10:27:07 AM

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

**CONDITIONS OF APPROVAL, IF ANY:**

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400941788	WELLBORE DIAGRAM-PROPOSED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)