

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

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FOR OGCC USE ONLY

Document Number:  
**400964833**

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>10447</u>	Contact Name and Telephone:
Name of Operator: <u>URSA OPERATING COMPANY LLC</u>	Name: <u>JENNIFER LIND</u>
Address: <u>1050 17TH STREET #2400</u>	Phone: <u>(720) 508-8362</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265</u>	Email: <u>JLIND@URSARESOURCE.COM</u>

**WELL INFORMATION**

Well Name and Number: WATSON RANCH B    24AWI-17-07-95    API No: 05-045-22801-00  
 Field Name and Number: PARACHUTE    67350    County: GARFIELD  
 QtrQtr: SESW    Sec: 17    Twp: 7S    Range: 95W    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
CONDUCTOR	24	16	84	0	60	111	60	0	
SURF	12+1/4	9+5/8	36	0	1700	267	1700	0	
1ST	8+3/4	5+1/2	17	0	7420	649	7420		

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

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

N/A

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).

N/A

**WELLBORE COMPLETIONS**

Formation Name	Gross Completed Interval from Top	Gross Completed Interval from Bottom	Completion Type
ILES	6729	7250	Perforated

Operator Comments:

REFILE OF THE FORM 33 AS THE ORIGINAL APPLICATION EXPIRED. THIS WELL HAS BEEN DRILLED AND IS CURRENTLY BEING COMPLETED. COMPLETION ACTIVITIES ARE SCHEDULED TO FINISH APPROXMIATELY 2/1/16. ACTUAL WELLBORE CONSTRUCTION INFORMATION AND DIAGRAM WILL BE SUPPLIED WITH THE SUBSEQUENT FORM 33. PROPOSED WELLBORE DIAGRAM AND LITHOLOGIC DESCRIPTIONS OF THE PROPOSED INJECTION FORMATION ARE ATTACHED.

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

Print Name: JENNIFER LIND

Signed: \_\_\_\_\_ Title: REGULATORY ANALYST Date: \_\_\_\_\_

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 1/5/2016 3:54:11 PM

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>
400964843	WELLBORE DIAGRAM-PROPOSED
400964844	OTHER

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)