

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY Document Number: 401106621 Date Received:

UNDERGROUND INJECTION FORMATION PERMIT APPLICATION

Per Rule 325, this form shall be submitted with all required attachments. A Form 31 - Intent shall be submitted and approved prior to completing an injection zone. A Form 31 - Subsequent shall be submitted following collection of water samples and injectivity test (if performed) and must be approved prior to injection in any new injection facility. NOTE: Per Rule 324B, an aquifer exemption is required for any injection formation with water quality less than 10,000 mg/L total dissolved solids (TDS). Contact the Commission for further requirements if the TDS as determined by water analysis for the injection zone is less than 10,000 mg/L.

Form 31 Type [X] Intent [] Subsequent UIC Facility ID 0 UIC Facility ID Required for Subsequent Form 31

UIC FACILITY INFORMATION

Facility Name and Number: TOMPKINS 41AWI-08-07-95 County: GARFIELD Facility Location: SESE / 5 / 7S / 95W / 6 Field Name and Number: PARACHUTE 67350 Facility Type: [] Enhanced Recovery [X] Disposal [] Simultaneous Disposal Single or Multiple Well Facility? [X] Single [] Multiple

Proposed Injection Program (Required):

THIS PROPOSED INJECTION WELL IS PLANNED TO SUPPORT PRODUCED WATER DISPOSAL NEEDS FOR URSA'S BATTLEMENT MESA AREA DEVELOPMENT NEAR THE TOWN OF PARACHUTE IN GARFIELD COUNTY, CO. THE DISPOSAL WELL WILL SUPPORT URSA OPERATIONS ONLY, AND IS NOT PROPOSED AS A COMMERCIAL DISPOSAL FACILITY. CURRENTLY, THE WILLIAMS FORK FORMATION IS THE ONLY PRODUCED WATER SOURCE FORMATION THAT WILL BEDISPOSED OF AT THIS LOCATION.

OPERATOR INFORMATION

OGCC Operator Number: 10447 Name of Operator: URSA OPERATING COMPANY LLC Address: 1050 17TH STREET #1700 City: DENVER State: CO Zip: 80265 Contact Name and Telephone: Name: JENNIFER LIND Phone: (720) 508-8362 Fax: () Email: JLIND@URSARESOURCES.COM

INJECTED FLUID TYPE

All injected fluids must be Exempt E&P waste per RCRA Subpart C.

(Check all that apply.)

- [X] Produced Water [] Natural Gas [] CO2 [] Drilling Fluids [] Exempt Gas Plant Waste [] Used Workover Fluids [] Flowback Fluids

[] Other Fluids (describe):

Commercial Disposal Facility [] Yes [X] No Commercial UIC Bond Surety ID:

Commercial Facility Description: Describe the physical region of the facility, the details of the operations, and the type of fluids to be injected.

PROPOSED INJECTION FORMATIONS

FORMATION (Name): COZZETTE Porosity: 9 %
 Formation TDS: 16000 mg/L Frac Gradient: 0.68 psi/ft Permeability: _____ mD
 Proposed Stimulation Program: Acid Frac Treatment None

FORMATION (Name): CORCORAN Porosity: 9 %
 Formation TDS: 16000 mg/L Frac Gradient: 0.68 psi/ft Permeability: _____ mD
 Proposed Stimulation Program: Acid Frac Treatment None

FORMATION (Name): COZZETTE-CORCORAN Porosity: 9 %
 Formation TDS: 16000 mg/L Frac Gradient: 0.68 psi/ft Permeability: _____ mD
 Proposed Stimulation Program: Acid Frac Treatment None

ANTICIPATED FACILITY OPERATIONS CONDITIONS

Under normal operating conditions, estimated TOTAL fluid injection rates and pressures for this facility:

FOR WATER: Daily Injection Rate Range From 0 to 5000 bbls/day
 Surface Injection Pressure Range From 0 to 1450 psi
 FOR GAS: Daily Injection Rate Range From _____ to _____ mcf/day
 Surface Injection Pressue Range From _____ to _____ psi

Estimated Initial Injection Date: 3/1/2017

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

Review all existing wells within 1/2 mile for injection formation isolation.

Area Review Date: 9/9/2016

Total number of Oil & Gas Wells within Area of Review: 38

ABANDONED WELLS (All wells that have been plugged: PA and DA status))

Total within Area of Review	0
Number To Be Re-Plugged	0

ACTIVE WELLS (All wells that have not been plugged: AC, DG, DM, IJ, PR, SU, SI, TA, WO, XX, UN status)

Total within Area of Review	38
Number Requiring Casing Repair	0
Number To Be Plugged	0

Operator's Area of Review Contact Email: jjind@ursaresources.com

No Wells within 2,640'

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: _____

COGCC Approved: _____ Date: _____

Form 31 - Intent Expiration Date: _____

Per Rule 325.o, a 90 day extension of the Expiration Date may be requested via a Sundry Notice, Form 4 submitted prior to Form 31- Intent expiration

Order Number: _____ UIC FACILITY ID: 0

CONDITIONS OF APPROVAL, IF ANY:

COA Type **Description**

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Attachment Check List

Att Doc Num	Name
401106891	OFFSET WELL EVALUATION
401106893	SURFACE USE AGREEMENT FOR SALT WATER DISPOSAL
401114275	MAP OF O&G WELLS IN AREA OF REVIEW
401114276	MAP OF WATER WELLS ¼-MILE
401114278	MAP OF SURFACE OWNERS ¼-MILE
401114283	MAP OF MINERAL OWNERS ¼-MILE
401114284	LIST OF SURFACE OWNERS ¼-MILE
401114286	LIST OF MINERAL OWNERS ¼-MILE
401114287	WELLBORE DIAGRAM-PROPOSED
401114291	SURFACE FACILITY DIAGRAM
401114292	OIL & GAS WELL PLAT
401114312	CERTIFIED MAIL RECEIPT(S)
401114341	NOTICE TO SURFACE & MINERAL OWNERS

Total Attach: 13 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)