

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

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FOR OGCC USE ONLY

Document Number:
401106906

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.

1. Operator may not commence injection into this well until this form is approved.
2. 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> Name of Operator: <u>URSA OPERATING COMPANY LLC</u> Address: <u>1050 17TH STREET #1700</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265</u>	Contact Name and Telephone: Name: <u>JENNIFER LIND</u> Phone: <u>(720) 508-8362</u> Fax: <u>()</u> Email: <u>JLIND@URSARESOURCE.COM</u>
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WELL INFORMATION

Well Name and Number: TOMPKINS 41AWI-08-07-95 API No: 05- - -00
 Field Name and Number: PARACHUTE 67350 County: GARFIELD
 Qtr: SESE Sec: 5 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	87	0	60	111	60	0	
SURF	12+1/4	8+5/8	32	0	1700	267	1700	0	
1ST	7+7/8	4+1/2	11.6	0	8130	755	8130		

Plug Back Total Depth: _____ Tubing Depth: _____ Packer Depth: _____

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

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
COZZETTE-CORCORAN	7254	8130	Perforated

Operator Comments:

ALL WELLBORE / PERF INFORMATION PROVIDED IN THIS FORM IS PROPOSED AS THIS WELL HAS NOT YET BEEN DRILLED / COMPLETED
 PROPOSED WELLBORE DIAGRAM IS 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: 9/9/2016 2:04:01 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>
401106916	WELLBORE DIAGRAM-PROPOSED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)