

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:
401157646

Date Received:
12/02/2016

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>10580</u> Name of Operator: <u>EXPEDITION WATER SOLUTIONS COLORADO LLC</u> Address: <u>1023 39TH AVENUE SUITE E</u> City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80634</u>	Contact Name and Telephone: Name: <u>Jeremiah Demuth</u> Phone: <u>(303) 290-9414</u> Fax: <u>()</u> Email: <u>jdemuth@petrotek.com</u>
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WELL INFORMATION

Well Name and Number: EWS 4 API No: 05-123-44167-00
 Field Name and Number: WATTENBERG 90750 County: WELD
 QtrQtr: NESE Sec: 18 Twp: 2N Range: 63W Meridian: 6

UIC FACILITY INFORMATION

UIC Facility ID: 160002 (as assigned on an approved Form 31)
 Facility Name: EWS Facility Number: 4

WELLBORE INFORMATION

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>

Plug Back Total Depth: 10119 Tubing Depth: 8715 Packer Depth: 8650

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

<u>Formation Name</u>	<u>Gross Completed Interval from Top</u>	<u>Gross Completed Interval from Bottom</u>	<u>Completion Type</u>
ADMIRE	9511	9583	Open Hole
AMAZON	9276	9335	Open Hole
COUNCIL GROVE	9335	9511	Open Hole
FOUNTAIN	9946	10119	Open Hole
LOWER SATANKA	8935	9217	Open Hole

LYONS	8750	8935	Open Hole
MISSOURI	9809	9946	Open Hole
VIRGIL	9583	9809	Open Hole
WOLFCAMP	9217	9276	Open Hole

Operator Comments:

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

Print Name: Jeremiah Demuth

Signed: _____ Title: Engineering Technician Date: 12/2/2016 4:38:54 PM

OGCC Approved: Matthew Lee Title: _____ Date: 4/13/2017 4:50:48 PM

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

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	<ol style="list-style-type: none"> 1. Injection is not authorized until approval of Subsequent Forms 31 and 33. 2. PRIOR TO PERFORMING OPERATIONS: Operator is required to contact COGCC to discuss Step Rate Test or Injectivity Test criteria for Maximum Surface Injection Pressure determination. Prior approval of Form 4 is required for step rate and injectivity tests. 3. For ALL NEW DRILL UNDERGROUND INJECTION WELLS a suite of open-hole Resistivity/Gamma Ray and Density/Neutron logs IS REQUIRED from Surface Casing shoe to TD. A PDF, TIFF, or PDS visual image and a LAS or DILS file version of each log is required. 4. For all new and converted Underground Injection Control wells a Cement Bond Log (CBL) is required on the cased portions of the hole from the bottom of the casing to the top of the next shallower casing string for all casing strings other than the Surface Casing. Only a PDF, TIFF, or PDS visual image is required. 5. Operator must provide all tops of formations encountered from surface to TD on the Form 5 when submitted.
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Attachment Check List

Att Doc Num

Name

401157646	FORM 33-INTENT-SUBMITTED
401159982	WELLBORE DIAGRAM-PROPOSED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

UIC	COGCC agrees that the injection zone water analyses derived from the EWS #4A well will be acceptable for the EWS-4 UIC application. Injection Zone water samples from the EWS #4A approximately 1/2-mile away will be acceptable. This will fulfill COA requirements of injection zone water sampling in the Form 2.	01/11/2017
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Total: 1 comment(s)