

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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FOR OGCC USE ONLY

Document Number:

401302996

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

☒ Intent☐ Subsequent

UIC Facility ID

0

UIC Facility ID Required for Subsequent
Form 31

UIC FACILITY INFORMATION

Facility Name and Number: Quiver Unit

County: KIOWA

Facility Location: S2N2S2 / 1 / 17S / 48W / 6

Field Name and Number:

QUIVER

70900

Facility Type: ☒ Enhanced Recovery☐ Disposal☐ Simultaneous Disposal

Single or Multiple Well Facility?

☐ Single☒ Multiple

Proposed Injection Program (Required):

Reclassify the Quiver Unit #1 (05-061-06767) from SWD (UIC #159060) to Enhanced Recovery Injection - no change in perms. Convert the Quiver Unit #2 (05-061-06763) to injection.

OPERATOR INFORMATION

OGCC Operator Number: 61250

Name of Operator: MULL DRILLING COMPANY INC

Address: 1700 N WATERFRONT PKWY B#1200

City: WICHITA

State: KS

Zip: 67206-6637

Contact Name and Telephone:

Name: Mark Shreve

Phone: (316) 264-6366

Fax: (316) 264-6440

Email: mshreve@mulldrilling.com

INJECTED FLUID TYPE

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

(Check all that apply.)

☒ Produced Water☐ Natural Gas☐ CO2☐ Drilling Fluids☐ Exempt Gas Plant Waste☐ Used Workover Fluids☐ Flowback Fluids☐ Other Fluids (describe):

Commercial Disposal Facility

☐ Yes☐ 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): MISSISSIPPIAN-ST LOUIS Porosity: 20 %
Formation TDS: mg/L Frac Gradient: psi/ft Permeability: mD
Proposed Stimulation Program: ☒ Acid ☐ Frac Treatment ☐ None

FORMATION (Name): MISSISSIPPIAN-SPERGEN Porosity: 14 %
Formation TDS: 28600 mg/L Frac Gradient: 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 500 to 1000 bbls/day
Surface Injection Pressure Range From 100 to 500 psi
FOR GAS: Daily Injection Rate Range From to mcf/day
Surface Injection Pressue Range From to psi

Estimated Initial Injection Date: 6/1/2017

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

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

Area Review Date: 5/25/2017

Total number of Oil & Gas Wells within Area of Review: 22

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

Total within Area of Review	10
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	12
Number Requiring Casing Repair	0
Number To Be Plugged	0

Operator's Area of Review Contact Email: mshreve@mulldrilling.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: Risa Carter Signed: _____

Title: Production Tech. 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**

401303047	OFFSET WELL EVALUATION
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)