

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:  
**401106906**

Date Received:  
**09/19/2016**

**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.

- 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>1600 BROADWAY ST STE 2600</u>	Phone: <u>(720) 508-8362</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JLIND@URSARESOURCES.COM</u>

**WELL INFORMATION**

Well Name and Number: TOMPKINS    41AWI-08-07-95    API No: 05-045-22551-00  
 Field Name and Number: PARACHUTE    67350    County: GARFIELD  
 QtrQtr: SESE    Sec: 5    Twp: 7S    Range: 95W    Meridian: 6

**UIC FACILITY INFORMATION**

UIC Facility ID: 160006    (as assigned on an approved Form 31)  
 Facility Name: TOMPKINS    Facility Number: 41AWI-08-07-95

**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>
CONDUCTOR	24	16	75	0	77	70	77	0	VISU
SURF	12+1/4	9+5/8	36	0	1700	267	1700	0	VISU
1ST	8+3/4	5+1/2	17	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**

<u>Formation Name</u>	<u>Gross Completed Interval from Top</u>	<u>Gross Completed Interval from Bottom</u>	<u>Completion Type</u>
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: 9/19/2016 2:59:12 PM

OGCC Approved:  Title: \_\_\_\_\_ Date: 7/18/2017 2:10:38 PM

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

**CONDITIONS OF APPROVAL, IF ANY:**

<u>COA Type</u>	<u>Description</u>
	Form 26 required for final approval.
	1. Injection is not authorized until approval of SUBSEQUENT Forms 31 and 33. 2. Retrieve water sample(s) from injection zone(s) before stimulating formation. Samples must be analyzed for Total Dissolved Solids at a minimum. 3. PRIOR TO PERFORMING OPERATIONS: Operator is required to A. contact COGCC to discuss and B. file a Form 4-Sundry Notice to document design of proposed Step Rate or Injectivity Test for Maximum Surface Injection Pressure determination. 4. PRIOR TO PERFORMING OPERATIONS: Operator is required to A. contact COGCC to discuss and B. file a Form 4-Sundry Notice to document proposed Hydraulic Fracturing and Acidizing job. 5. MIT with tubing set in final configuration for injection required for approval of SUBSEQUENT Forms 31 and 33.
	Maximum Surface Injection Pressure and Maximum Injection Volume to be determined via Subsequent Form 31/33 submittals.

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401106906	FORM 33-INTENT-SUBMITTED
401106916	WELLBORE DIAGRAM-PROPOSED

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
UIC	Rough TOC = 4700 ft.	09/19/2016

Total: 1 comment(s)