

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:

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.

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: 10447 | Contact Name and Telephone: |
| Name of Operator: URSA OPERATING COMPANY LLC | Name: JENNIFER LIND |
| Address: 1600 BROADWAY ST STE 2600 | Phone: (720) 508-8362 Fax: () |
| City: DENVER State: CO Zip: 80202 | Email: JLIND@URSARESOURCES.COM |

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

| 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 | 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

| 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: 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:**COA Type****Description**

| | |
|--|--|
| | 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**Att Doc Num****Name**

| | |
|-----------|---------------------------|
| 401106906 | FORM 33-INTENT-SUBMITTED |
| 401106916 | WELLBORE DIAGRAM-PROPOSED |

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

| | | |
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| UIC | Rough TOC = 4700 ft. | 09/19/2016 |
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Total: 1 comment(s)