

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

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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: 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

**WELL INFORMATION**

Well Name and Number: Quiver Unit 2 API No: 05-061-06763-00

Field Name and Number: QUIVER 70900 County: KIOWA

QtrQtr: SWNE Sec: 1 Twp: 17S Range: 48W Meridian: 6

**UIC FACILITY INFORMATION**

UIC Facility ID: 160007 (as assigned on an approved Form 31)

Facility Name: Quiver Unit

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
SURF	12+1/4	8+5/8	24	0	453	275	453	0	CIRC
1ST	7+7/8	5+1/2	15.5	0	5137	100	5137	4236	CBL
	7+7/8	5+1/2	Stage Tool		2472	450	2472	0	CIRC

Plug Back Total Depth: 5136

Tubing Depth: 5037

Packer Depth: 5025

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
SPERGEN	5050	5061	Perforated

Operator Comments:

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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: \_\_\_\_\_

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 9/15/2017 7:56:02 AM

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

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

401405144	WELLBORE DIAGRAM-CURRENT
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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)