

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

1120 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.

- 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>61250</u>	Contact Name and Telephone:
Name of Operator: <u>MULL DRILLING COMPANY INC</u>	Name: <u>Mark Shreve</u>
Address: <u>1700 N WATERFRONT PKWY B#1200</u>	Phone: <u>(316) 264-6366</u> Fax: <u>(316) 264-6440</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-6637</u>	Email: <u>mshreve@mulldrilling.com</u>

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:

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:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401405144	WELLBORE DIAGRAM-CURRENT

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)