

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

401405182

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 160007

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 DisposalSingle or Multiple Well Facility? ☐ Single☒ Multiple

Proposed Injection Program (Required):

The Quiver Unit #1 has been injecting into the Spergen formation since July 2001, classified as a saltwater disposal well. With the unitization of the Quiver Field, it will now be reclassified as an enhanced recovery injection well. Our plans for implementing additional waterflood operations are as follows: 1. Convert the Quiver Unit #2 to a Spergen injection well. 2. Recomplete the shut-in Quiver Unit #5 to the St. Louis formation. This will test the viability of this zone as a productive zone which may contribute to the production in the future unit. 3. Recomplete the Quiver Unit #10 to the St. Louis zone if the Quiver Unit #5 recompletion is successful. The Quiver Unit #5 would then be evaluated as a potential St. Louis injection well. 4. Convert the Quiver Unit #4 to injection in the Spergen and possibly the St. Louis as well. 5. Restore the temporarily abandoned Quiver Unit #8 to production after the Quiver Unit #4 begins water 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: 15500 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 600 to 2500 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: 560-1

UIC FACILITY ID: 160007

CONDITIONS OF APPROVAL, IF ANY:

COA Type **Description**

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Attachment Check List

Att Doc Num **Name**

401407121	ANALYSIS OF INJECTION WATER
401407712	WELLBORE DIAGRAM-CURRENT

Total Attach: 2 Files

General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)