

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

401630458

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: 95620

Name of Operator: WESTERN OPERATING COMPANY

Address: 1165 DELAWARE STREET #200

City: DENVER State: CO Zip: 80204

Contact Name and Telephone:

Name: Steve James

Phone: (303) 8932438 Fax: ()

Email: steve@westernoperating.com

WELL INFORMATION

Well Name and Number: PETERSON P F 1 API No: 05-087-05179-00

Field Name and Number: SAND RIVER 76300 County: MORGAN

QtrQtr: SWSE Sec: 22 Twp: 1N Range: 56W Meridian: 6

UIC FACILITY INFORMATION

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

Facility Name: 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	14+3/4	10+3/4	29	0	132	100		4500	
1ST	9+1/2	5+1/2	15.5	0	5179	250		0	

Plug Back Total Depth: Tubing Depth: Packer Depth:

List below all Plugs, Bridge Plugs, Stage Cementing or Squeeze Work performed on this wellbore:

Packer placed at 5080'

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).

NA

WELLBORE COMPLETIONS

Formation Name	Gross Completed Interval from Top	Gross Completed Interval from Bottom	Completion Type
D SAND	5144	5151	Perforated

Operator Comments:

See Attached documents for additional information

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Eric Lang

Signed: _____ Title: Project Geologist Date: _____

OGCC Approved: _____ Title: _____ Date: 5/4/2018 2:16:16 PM

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**

401630463	WELLBORE DIAGRAM-CURRENT
401630464	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)