

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

FOR OGCC USE ONLY

Document Number:

401527700

Date Received:

02/19/2018

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: 10545

Name of Operator: IRISH OWL LLC

Address: 153 FOSTER STREET

City: CENTER State: TX Zip: 75935

Contact Name and Telephone:

Name: Deuce Wulf

Phone: (936) 590-2002 Fax: ()

Email: deuce.wulf@gmail.com

WELL INFORMATION

Well Name and Number: Greeley SWD 1 API No: 05-123-42099-00

Field Name and Number: BRACEWELL 7487 County: WELD

QtrQtr: SESE Sec: 16 Twp: 6N Range: 66W Meridian: 6

UIC FACILITY INFORMATION

UIC Facility ID: 160015 (as assigned on an approved Form 31)

Facility Name: Greeley SWD Facility Number: 1

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	20	16	42	0	70	71	70	0	VISU
SURF	12+1/4	9+5/8	36	0	655	214	655	0	VISU
1ST	8+3/4	7	23	0	9250	210	9250	7000	
			Stage Tool		7000	885	7000	0	

Plug Back Total Depth: 9250 Tubing Depth: 8930 Packer Depth: 8920

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
LYONS	8950	9050	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: Jeremiah Demuth

Signed: _____ Title: Engineering Technician Date: 2/19/2018 12:54:34 PM

OGCC Approved:  _____ Title: _____ Date: 6/12/2018 4:15:39 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

401527700	FORM 33-INTENT-SUBMITTED
401548993	WELLBORE DIAGRAM-PROPOSED

Total Attach: 2 Files

General Comments

User Group Comment Comment Date

UIC	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: Approval of Form 4 is required for acid and fracturing jobs. (New as of 4/13/2016). 4. PRIOR TO PERFORMING OPERATIONS: Operator is required to contact COGCC to discuss Step Rate Test or Injectivity Test criteria for Maximum Surface Injection Pressure determination. Prior approval of Form 4 is required for step rate and injectivity tests. 5. For ALL NEW DRILL UNDERGROUND INJECTION WELLS a suite of open-hole Resistivity/Gamma Ray and Density/Neutron logs IS REQUIRED from Surface Casing shoe to TD. A PDF, TIFF, or PDS visual image and a LAS or DLIS file version of each log is required. 6. For all new and converted Underground Injection Control wells a Cement Bond Log (CBL) is required on the cased portions of the hole from the bottom of the casing to the top of the next shallower casing string for all casing strings other than the Surface Casing. Only a PDF, TIFF, or PDS visual image is required. 7. Operator must provide all tops of formations encountered from surface to TD on the Form 5 when submitted.	06/12/2018
UIC	Waiting on Form 2/2A approval. 2 Approved 5/21/2018, 2A 1/29/2018.	05/02/2018

Total: 2 comment(s)