

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:
401677495

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>17180</u>	Contact Name and Telephone:
Name of Operator: <u>CITATION OIL & GAS CORP</u>	Name: <u>Leatha Greenwood</u>
Address: <u>14077 CUTTEN RD</u>	Phone: <u>(281) 891-1559</u> Fax: <u>(281) 580-2168</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77269</u>	Email: <u>lgreenwood@cogc.com</u>

WELL INFORMATION

Well Name and Number: SPEAKER-STATE 43-36 1 API No: 05-063-06238-00
 Field Name and Number: SPEAKER 77825 County: KIT CARSON
 QtrQtr: NESE Sec: 36 Twp: 11S Range: 51W Meridian: 6

UIC FACILITY INFORMATION

UIC Facility ID: 150377 (as assigned on an approved Form 31)
 Facility Name: SPEAKER 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	8.625	24	0	520	310	520	0	VISU
1ST	7	5.5	15.5	0	6676	120	6776	5958	CALC
			Stage Tool			125	3447	2270	CALC

Plug Back Total Depth: 6711 Tubing Depth: _____ Packer Depth: _____

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

CIBP @6589 with 2 sx cement on 9-22-2010.

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).

Drill out CIBP @6589'. Install 2 3/8" Salta Pipe PVC lined tubing and new Model R 5 1/2" packer. Set packer at 6576'.

WELLBORE COMPLETIONS

Formation Name	Gross Completed Interval from Top	Gross Completed Interval from Bottom	Completion Type
MORROW	6430	6646	Perforated

Operator Comments:

Attached is a Summary Report for information on cementing behind casing. CBL will be run if approval to convert well to injection.

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

Print Name: Leatha Greenwood

Signed: _____ Title: Reg. Analyst Date: _____

OGCC Approved: _____ Title: _____ Date: 6/19/2018 7:15:09 AM

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

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

Att Doc Num	Name
401677698	OTHER
401677906	WELLBORE DIAGRAM-CURRENT
401677908	WELLBORE DIAGRAM-PROPOSED
401678001	OTHER

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)