

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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FOR OGCC USE ONLY

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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

0

UIC Facility ID Required for Subsequent
Form 31

UIC FACILITY INFORMATION

Facility Name and Number: ROY SWD FACILITY

County: WELD

Facility Location: NWNE / 28 / 1N / 66W / 6

Field Name and Number: WATTENBERG 90750

Facility Type: ☐ Enhanced Recovery☒ Disposal☐ Simultaneous DisposalSingle or Multiple Well Facility? ☐ Single☒ Multiple

Proposed Injection Program (Required):

The ROY SWD FACILITY will take produced water from nearby oil & gas wells in Weld County. Water will be trucked to the Surface Facility adjacent to this first well (the Roy SWD 1), where residual hydrocarbons and sediments will be removed before injection. Under normal operating conditions, estimated fluid injection rates for produced water will be a minimum of 10,000 bbls per day @ 2200 psi to a maximum of 24,000 bbls per day @ 2500 psi. A Step Rate Test will be used to determine maximum injection pressure. The above volumes are estimated for the single new well to be included in the adjacent Facility which will also service up to 5 separate UIC wells.

OPERATOR INFORMATION

OGCC Operator Number: 10373

Name of Operator: NGL WATER SOLUTIONS DJ LLC

Address: 3773 CHERRY CRK NORTH DR #1000

City: DENVER State: CO Zip: 80209

Contact Name and Telephone:

Name: JOE VARGO

Phone: (303) 815-1010 Fax: ()

Email: Joseph.Vargo@nglep.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.

1. Physical region of Operation is Weld County and surrounding areas.
2. Water will be trucked to the Surface Facility where residual hydrocarbons and sediments will be removed before injection. Under normal operating conditions, estimated fluid injection rates for produced water will be a minimum of 10,000 bbls per day @ 2200 psi to a maximum of 24,000 bbls per day @ 2500 psi.
3. Injected Fluid Types: Produced Water, Drilling Fluids, Flowback Fluids, Exempt Gas Plant Waste & Used Workover Fluids.
4. None other than listed above.

PROPOSED INJECTION FORMATIONS

FORMATION (Name): <u>ADMIRE</u>		Porosity: <u>3</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): <u>AMAZON</u>		Porosity: <u>10</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): <u>COUNCIL GROVE</u>		Porosity: <u>3</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): <u>FOUNTAIN</u>		Porosity: <u>10</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): <u>LOWER SATANKA</u>		Porosity: <u>3</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): <u>LYONS</u>		Porosity: <u>13</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): <u>MISSOURI</u>		Porosity: <u>4</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): <u>VIRGIL</u>		Porosity: <u>12</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): <u>WOLFCAMP</u>		Porosity: <u>3</u> %
Formation TDS: _____ mg/L	Frac Gradient: _____ psi/ft	Permeability: _____ mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> 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 10000 to 24000 bbls/day
Surface Injection Pressure Range From 2200 to 2500 psi
FOR GAS: Daily Injection Rate Range From _____ to _____ mcf/day
Surface Injection Pressure Range From _____ to _____ psi

Estimated Initial Injection Date: 10/15/2018

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

Review all existing wells within 1/2 mile for injection formation isolation.

Area Review Date: 7/31/2018

Total number of Oil & Gas Wells within Area of Review: 9

ABANDONED WELLS (All wells that have been plugged: PA and DA status))

Total within Area of Review	0
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	5
Number Requiring Casing Repair	0
Number To Be Plugged	0

Operator's Area of Review Contact Email: paul.gottlob@iptenergyservices.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: PAUL GOTTLOB Signed: _____

Title: Regulatory & Engin. 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: _____ UIC FACILITY ID: 0

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401721579	SURFACE USE AGREEMENT FOR SALT WATER DISPOSAL
401721585	REMEDIAL CORRECTION PLAN FOR WELLS ¼-MILE
401721590	MAP OF O&G WELLS IN AREA OF REVIEW
401721591	MAP OF WATER WELLS ¼-MILE
401721592	LIST OF WATER WELLS ¼-MILE
401721594	MAP OF SURFACE OWNERS ¼-MILE
401721601	LIST OF SURFACE OWNERS ¼-MILE
401721660	MAP OF MINERAL OWNERS ¼-MILE

401721662	LIST OF MINERAL OWNERS ¼-MILE
401721665	OIL & GAS WELL PLAT
401738929	SURFACE FACILITY DIAGRAM
401738933	WELLBORE DIAGRAM-PROPOSED
401738998	OTHER
401741491	NOTICE TO SURFACE & MINERAL OWNERS
401741494	CERTIFIED MAIL RECEIPT(S)

Total Attach: 15 Files

General Comments

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

Total: 0 comment(s)