

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY Document Number: 401769608 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 [X] Subsequent UIC Facility ID 160006 UIC Facility ID Required for Subsequent Form 31

UIC FACILITY INFORMATION

Facility Name and Number: TOMPKINS 41AWI-08-07-95 County: GARFIELD Facility Location: SESE / 5 / 7S / 95W / 6 Field Name and Number: PARACHUTE 67350 Facility Type: [] Enhanced Recovery [X] Disposal [] Simultaneous Disposal Single or Multiple Well Facility? [X] Single [] Multiple

Proposed Injection Program (Required):

THIS PROPOSED INJECTION WELL IS PLANNED TO SUPPORT PRODUCED WATER DISPOSAL NEEDS FOR URSA'S BATTLEMENT MESA AREA DEVELOPMENT NEAR THE TOWN OF PARACHUTE IN GARFIELD COUNTY, CO. THE DISPOSAL WELL WILL SUPPORT URSA OPERATIONS ONLY, AND IS NOT PROPOSED AS A COMMERCIAL DISPOSAL FACILITY. CURRENTLY, THE WILLIAMS FORK FORMATION IS THE ONLY PRODUCED WATER SOURCE FORMATION THAT WILL BEDISPOSED OF AT THIS LOCATION.

OPERATOR INFORMATION

OGCC Operator Number: 10447 Name of Operator: URSA OPERATING COMPANY LLC Address: 1600 BROADWAY ST STE 2600 City: DENVER State: CO Zip: 80202 Contact Name and Telephone: Name: PAKE YOUNGER Phone: (970) 260-2423 Fax: () Email: pyounger@ursaresources.com

INJECTED FLUID TYPE

All injected fluids must be Exempt E&P waste per RCRA Subpart C.

(Check all that apply.)

- [X] Produced Water [] Natural Gas [] CO2 [] Drilling Fluids [] Exempt Gas Plant Waste [] Used Workover Fluids [] Flowback Fluids

[] Other Fluids (describe):

Commercial Disposal Facility [] Yes [X] 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): COZZETTE Porosity: 9 %
Formation TDS: 14085 mg/L Frac Gradient: 0.78 psi/ft Permeability: _____ mD
Proposed Stimulation Program: Acid Frac Treatment None

FORMATION (Name): CORCORAN Porosity: 9 %
Formation TDS: 14085 mg/L Frac Gradient: 0.78 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 0 to 5000 bbls/day
Surface Injection Pressure Range From 0 to 2500 psi
FOR GAS: Daily Injection Rate Range From _____ to _____ mcf/day
Surface Injection Pressue Range From _____ to _____ psi

Estimated Initial Injection Date: 10/1/2018

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

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

Area Review Date: 10/24/2018

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

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	43
Number Requiring Casing Repair	0
Number To Be Plugged	0

Operator's Area of Review Contact Email: cmascioli@ursaresources.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: CARI MASCIOLI Signed: _____

Title: REGULATORY ANALYST 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: 160006

CONDITIONS OF APPROVAL, IF ANY:

COA Type **Description**

COA Type	Description

Attachment Check List

Att Doc Num	Name
401792169	STEP RATE/INJECTIVITY TEST DOCUMENTATION
401792175	ANALYSIS OF INJECTION ZONE WATER
401792179	ANALYSIS OF INJECTION WATER
401822813	OFFSET WELL EVALUATION
401822843	WELLBORE DIAGRAM-SUBSEQUENT

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)