



**Oil and Gas Conservation**

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

FOR OGC USE ONLY  
MAR - 2 04  
COGCC

**UNDERGROUND INJECTION FORMATION PERMIT APPLICATION**

1. Submit original and one copy of this form.
2. If data on this form is estimated, indicate as such.
3. Attachments - see checklist and explanation of attachments.
4. Aquifer exemption is required for all injection formations with water quality <10,000 TDS (Rule 322B). Immediately contact the Commission for further requirements if the total dissolved solids (TDS) as determined by water analysis for the injection zone is less than 10,000 ppm.
5. Attach a copy of the certified receipt to each notice to surface and mineral owner(s) or submit a sample copy of the notice and an affidavit of mailing or delivery with names and addresses of those notified. Each person notified shall be specified as either a surface or mineral owner as defined by C.R.S. 34-60-103(7).

Complete the  
**Attachment Checklist**  
Oper OGCC

Form 31 Original & 1 Copy	
Analysis to Injection Zone Water	X
Analysis of Injection Water	X
Proposed Injection Program	
Resistivity or Induction Log	
Cement Bond Log	X
Surface or Salt Water Displ Agrmt	
Notice to Surface/Mineral Owners	
Remedial Correction Plan for Wells	
Map Oil/Water Wells w/in 1/4 Mile	
List Oil/Gas Wells w/in 1/2 Mile	
Map Surface Owners w/in 1/4 Mile	
List Surface Owners w/in 1/4 Mile	
Map Mineral Owners w/in 1/4 Mile	
List Mineral Owners w/in 1/4 Mile	
Surface Facility Diagram	
Wellbore Diagram	
If Commercial Facility, Description of Ops & Area Served	
Unit Area Plat	

Project Name: Crossant #1 Project  
Grynberg Disposal Project Location: Sec. 26, 9N, 62W  
Project Type:  Enhanced Recovery  Disposal  Simultaneous Disposal  
Single or Multiple Well Facility?  Single  Multiple  
IF UNIT OPERATIONS, ATTACH PLAT SHOWING UNIT AREA  
County: Weld Field Name and Number: Wildwood 92950

OGCC Operator Number: 36200 Contact Name and Telephone:  
Name of Operator: Grynberg Petroleum Ken McKinney  
Address: 5299 UTC Blvd. No: 303 850 7490  
City: Greenwood Village State: CO Zip: 80111 Fax: 303 850 7498

Injection Fluid Type:  Produced Water  Natural Gas  CO<sub>2</sub>  Drilling Fluids  
 Exempt Gas Plant Waste  Used Workover Fluids  Other Fluids (describe): \_\_\_\_\_  
Commercial Facility?  Yes  No  
If Yes, describe area of operation and types of fluids to be injected at this facility:

**PROPOSED INJECTION FORMATIONS**  
FORMATION A (Name): Lyons Porosity: 16 - 18 %  
Formation TDS: 110,000 Frac Gradient: NR psi/ft Permeability: NR  
Proposed Stimulation Program:  Acid  Frac Treatment  None  
FORMATION B (Name): \_\_\_\_\_ Porosity: \_\_\_\_\_  
Formation TDS: \_\_\_\_\_ Frac Gradient: \_\_\_\_\_ psi/ft Permeability: \_\_\_\_\_  
Proposed Stimulation Program:  Acid  Frac Treatment  None  
**Anticipated Project Operating Conditions**  
Under normal operating conditions, estimated fluid injection rates and pressures:  
FOR WATER: A minimum of 100 bbls/day @ 0 psi to a maximum of 200 bbls/day @ 50 psi.  
FOR GAS: A minimum of \_\_\_\_\_ mcf/day @ \_\_\_\_\_ psi to a maximum of \_\_\_\_\_ bbls/day @ \_\_\_\_\_ psi.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.  
Print Name: Ken McKinney Signed: Ken McKinney  
Title: Production Manager Date: 3-1-04  
OGCC Approved: [Signature] Title: Permitter Date: 5/2/04  
Order No: \_\_\_\_\_ UIC FACILITY NO: 159111  
CONDITIONS OF APPROVAL, IF ANY: