



Oil and Gas Conservation

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OGCC

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

Analysis of Injection Water

Proposed Injection Program

Resistivity or Induction Log

Cement Bond Log

Surface or Salt Water Displ Agmt

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: Grynberg Disposal Project Location: Sec. 26, 9N, 62WProject Type: ☐ Enhanced Recovery ☒ Disposal ☐ Simultaneous DisposalSingle or Multiple Well Facility? ☐ Single ☒ Multiple

IF UNIT OPERATIONS, ATTACH PLAT SHOWING UNIT AREA

County: Weld Field Name and Number: Wildwood 92950OGCC Operator Number: 36200Name of Operator: Grynberg PetroleumAddress: 5299 UTC Blvd.City: Greenwood Village State: CO Zip: 80111Contact Name and Telephone:
Ken McKinneyNo: 303 850 7490Fax: 303 850 7498Injection Fluid Type: ☒ Produced Water ☐ Natural Gas ☐ CO₂ ☐ 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: NRProposed 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 McKinneySigned: Ken McKinneyTitle: Production Manager Date: 3-1-04OGCC Approved: [Signature] Title: Permit Date: 5/2/04

Order No:

UIC FACILITY NO: 159111

CONDITIONS OF APPROVAL, IF ANY: