



State of Colorado  
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

INJECTION WELL PERMIT APPLICATION

Submit a completed Form 33 with or after approval obtained on Form 31 (Underground Injection Permit Application) or you must have a previously approved Injection Well Permit.

1. Operator may not commence injection into this well until this form is approved.
2. Each individual injection well must be approved by this form.

Well Name and Number: \_\_\_\_\_ API No: \_\_\_\_\_  
UIC Facility No: \_\_\_\_\_ (as assigned on an approved Form 31)  
Project Name: \_\_\_\_\_ Operator Name: \_\_\_\_\_  
Field Name and Number: \_\_\_\_\_ County: \_\_\_\_\_  
QtrQtr: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_ Meridian: \_\_\_\_\_

Complete the  
Attachment Checklist

	Oper	OGCC
Current Wellbore Diagram		
Proposed Wellbore Diagram		

CURRENT WELLBORE INFORMATION

	SIZE	DEPTH	NO. SACKS	CEMENT TOP	Cement Top Determined By:		
					CBL	CIRCULATED	CALCULATED
Surface Casing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Casing (if any)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production Casing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plug Back Total Depth: \_\_\_\_\_ Tubing Depth: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

\_\_\_\_\_ Formation Gross Perforation Interval: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Formation Gross Perforation Interval: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Formation Open Hole Interval (if any): \_\_\_\_\_ to \_\_\_\_\_

List below all Plugs, Bridge Plugs, Stage Cementing or Squeeze Work performed on this wellbore: (if more space needed, continue on reverse side of this form.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Describe below any changes to the wellbore which will be made upon conversion. (This 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.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Comments: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_