

State of Colorado  
**Oil and Gas Conservation Commission**



FOR OGCC USE ONLY

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

**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 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: SG 922-32D Project Location: SENW, Sec 32, T7S, R96W  
 Project Type:  Enhanced Recovery  Disposal  Simultaneous Disposal  
 Single or Multiple Well Facility?  Single  Multiple  
 IF UNIT OPERATIONS, ATTACH PLAT SHOWING UNIT AREA  
 County: Garfield Field Name and Number: Grand Valley 31290

OGCC Operator Number: 96850 Contact Name and Telephone: Peggy Carter  
 Name of Operator: WPX Energy Rocky Mountain, LLC No: (970) 263-2750  
 Address: 1058 CR 215 Fax: (970) 285-9573  
 City: Parachute State: CO Zip: 81635

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): Iles (Cozzette / Corcoran) Porosity: est. 0.07-0.09  
 Formation TDS: 17,880 ppm Frac Gradient: est 0.685 pst/ft psi/ft Permeability: est. 0.01-0.1 md  
 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 500 bbls/day @ 100 psi to a maximum of 8500 est. bbls/day @ 2500 est. 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: Ashlee V. Fechino Signed: Ashlee V. Fechino  
 Title: Regulatory Specialist Date: 9/9/14

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

Order No: \_\_\_\_\_ **UIC FACILITY NO:** \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: