



FORM 33 Rev 6/99

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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COGCC

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.

Complete the Attachment Checklist

Table with columns: Current Wellbore Diagram, Proposed Wellbore Diagram, Oper, OGCC

Well Name and Number: 95620 API No: 05-075-08391
UIC Facility No: (as assigned on an approved Form 31)
Project Name: Operator Name: Western Operating Company
Field Name and Number: Emerald 20750 County: Logan
QtrQtr: NWSW Sec: 35 Twp: 9N Range: 54W Meridian: 6th

CURRENT WELLBORE INFORMATION

Table with columns: SIZE, DEPTH, NO. SACKS, CEMENT TOP, CBL, CIRCULATED, CALCULATED. Rows: Surface Casing, Intermediate Casing (if any), Production Casing

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. Drill out cement and perforate from 5218-5226 and 5234-5246 set packer approx 5150 and convert to water disposal
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: D. Scott Stapp

Signed: [Signature] Title: Agent Date: 11/19/2014

OGCC Approved: Title: Date:

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

CONDITIONS OF APPROVAL, IF ANY: