

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
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FOR OGCC USE ONLY

Document Number:

400950432

Date Received:

## UNDERGROUND INJECTION FORMATION PERMIT APPLICATION

Per Rule 325, this form shall be submitted with all required attachments.

A Form 31 – Intent shall be submitted and approved prior to completing an injection zone.

A Form 31 – Subsequent shall be submitted following collection of water samples and injectivity test (if performed) and must be approved prior to injection in any new injection facility.

NOTE: Per Rule 324B, an aquifer exemption is required for any injection formation with water quality less than 10,000 mg/L total dissolved solids (TDS). Contact the Commission for further requirements if the TDS as determined by water analysis for the injection zone is less than 10,000 mg/L.

Form 31 Type

☐ Intent☒ Subsequent

UIC Facility ID 159980

UIC Facility ID Required for Subsequent  
Form 31

## UIC FACILITY INFORMATION

Facility Name and Number: NGL C5A County: WELD

Facility Location: NESW / 29 / 2N / 64W / 6 Field Name and Number: WATTENBERG 90750

Facility Type: ☐ Enhanced Recovery ☒ Disposal ☐ Simultaneous DisposalSingle or Multiple Well Facility? ☒ Single ☐ Multiple

Proposed Injection Program (Required):

The NGL C5A well will take produced water from nearby oil & gas wells in Weld County. Water will be trucked to the Surface Facility, which is located in the SWSW of this same section, where residual hydrocarbons and sediments will be removed before injection. Under normal operating conditions, estimated fluid injection rates for produced water will be a minimum of 10,000 bbls per day @ 2200 psi to a maximum of 40,320 bbls per day @ 2500 psi. A Step Rate Test was used to determine maximum injection pressure. The above volumes are estimated for the single new well to be included in the adjacent Facility which will also service up to 3 separate UIC wells.

## OPERATOR INFORMATION

OGCC Operator Number: 10373

Name of Operator: NGL WATER SOLUTIONS DJ LLC

Address: 3773 CHERRY CRK NORTH DR #1000

City: DENVER State: CO Zip: 80209

Contact Name and Telephone:

Name: Paul Gottlob

Phone: (720) 420-5747 Fax: ( )

Email: paul.gottlob@iptenergyservices.com

## INJECTED FLUID TYPE

All injected fluids must be Exempt E&amp;P waste per RCRA Subpart C.

(Check all that apply.)

☒ Produced Water☐ Natural Gas☐ CO2☒ Drilling Fluids☒ Exempt Gas Plant Waste☒ Used Workover Fluids☒ Flowback Fluids☐ Other Fluids (describe):

Commercial Disposal Facility

☒ Yes☐ No

Commercial UIC Bond Surety ID: 20150124

Commercial Facility Description: Describe the physical region of the facility, the details of the operations, and the type of fluids to be injected.

1. Physical region of Operation is Weld County and surrounding areas.
2. Water will be trucked to the Surface Facility, located in the SWSW of this same section, where residual hydrocarbons and sediments will be removed before injection. Under normal operating conditions, estimated fluid injection rates for produced water will be a minimum of 10,000 bbls per day @ 2200 psi to a maximum of 40,320 bbls per day @ 2500 psi.
3. Injected Fluid Types: Produced Water, Drilling Fluids, Flowback Fluids, Exempt Gas Plant Waste & Used Workover Fluids.
4. None other than listed above.

### **PROPOSED INJECTION FORMATIONS**

FORMATION (Name): <u>ADMIRE</u>		Porosity: <u>0</u> %
Formation TDS: <u>15000</u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>AMAZON</u>		Porosity: <u>13</u> %
Formation TDS: <u>15000</u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>ATOKA</u>		Porosity: <u>0</u> %
Formation TDS: <u>          </u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>COUNCIL GROVE</u>		Porosity: <u>8</u> %
Formation TDS: <u>15000</u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>DES MOINES</u>		Porosity: <u>0</u> %
Formation TDS: <u>          </u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>FOUNTAIN</u>		Porosity: <u>0</u> %
Formation TDS: <u>14000</u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>LOWER SATANKA</u>		Porosity: <u>0</u> %
Formation TDS: <u>11000</u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>LYONS</u>		Porosity: <u>10</u> %
Formation TDS: <u>11000</u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>MISSOURI</u>		Porosity: <u>0</u> %
Formation TDS: <u>14000</u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		
FORMATION (Name): <u>VIRGIL</u>		Porosity: <u>7</u> %
Formation TDS: <u>14000</u> mg/L	Frac Gradient: <u>0.53</u> psi/ft	Permeability: <u>116</u> mD
Proposed Stimulation Program: <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Frac Treatment <input type="checkbox"/> None		

FORMATION (Name): WOLFCAMP Porosity: 0 %  
Formation TDS: 15000 mg/L Frac Gradient: 0.53 psi/ft Permeability: 116 mD  
Proposed Stimulation Program: ☒ Acid ☐ Frac Treatment ☐ None

### **ANTICIPATED FACILITY OPERATIONS CONDITIONS**

Under normal operating conditions, estimated TOTAL fluid injection rates and pressures for this facility:

FOR WATER: Daily Injection Rate Range From 10000 to 40320 bbls/day  
Surface Injection Pressure Range From 2200 to 2500 psi  
FOR GAS: Daily Injection Rate Range From \_\_\_\_\_ to \_\_\_\_\_ mcf/day  
Surface Injection Pressue Range From \_\_\_\_\_ to \_\_\_\_\_ psi

Estimated Initial Injection Date: 12/14/2015

### **AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY**

Review all existing wells within 1/2 mile for injection formation isolation.

Area Review Date: 11/5/2015

Total number of Oil & Gas Wells within Area of Review: 39

ABANDONED WELLS (All wells that have been plugged: PA and DA status))

Total within Area of Review	0
Number To Be Re-Plugged	0

ACTIVE WELLS (All wells that have not been plugged: AC, DG, DM, IJ, PR, SU, SI, TA, WO, XX, UN status)

Total within Area of Review	39
Number Requiring Casing Repair	0
Number To Be Plugged	0

Operator's Area of Review Contact Email: paul.gottlob@iptenergyservices.com

☐ No Wells within 2,640'

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

Print Name: Paul Gottlob Signed: \_\_\_\_\_

Title: Regulatory & Engin. Tech. Date: \_\_\_\_\_

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Form 31 - Intent Expiration Date: \_\_\_\_\_

Per Rule 325.o, a 90 day extension of the Expiration Date may be requested via a Sundry Notice, Form 4 submitted prior to Form 31- Intent expiration

Order Number: \_\_\_\_\_ UIC FACILITY ID: 159980

### **CONDITIONS OF APPROVAL, IF ANY:**

<b><u>COA Type</u></b>	<b><u>Description</u></b>
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### **Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400950502	NOTICE TO SURFACE & MINERAL OWNERS
400950518	CERTIFIED MAIL RECEIPT(S)
400950524	MAXIMUM SURFACE INJECTION PRESSURE DETERMINATION
400950531	OTHER
400950544	STEP RATE/INJECTIVITY TEST DOCUMENTATION
400950559	OTHER
400951248	WELLBORE DIAGRAM-SUBSEQUENT
400951249	SURFACE FACILITY DIAGRAM

Total Attach: 8 Files

### **General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)