

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

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FOR OGCC USE ONLY

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Date Received:

INJECTION WELL PERMIT APPLICATION

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

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

Per Rule 325, this form shall be submitted with all required attachments.
A Form 33 – Intent shall be submitted and approved prior to completing an injection zone.
A Form 33 – Subsequent shall be submitted following completion of the well and must be approved prior to injection.
NOTE: Injection for Enhanced Recovery requires the field to be unitized according to the 400 Series Rules. Injection for Disposal into a producing field requires unitization of the formation in the field.

Form 33 Type Intent Subsequent

OPERATOR INFORMATION

OGCC Operator Number: <u>10373</u>	Contact Name and Telephone:
Name of Operator: <u>NGL WATER SOLUTIONS DJ LLC</u>	Name: <u>Paul Gottlob</u>
Address: <u>3773 CHERRY CRK NORTH DR #1000</u>	Phone: <u>(720) 420-5747</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80209</u>	Email: <u>paul.gottlob@iptenergyservices.com</u>

WELL INFORMATION

Well Name and Number: NGL C5A API No: 05-123-40973-00
 Field Name and Number: WATTENBERG 90750 County: WELD
 QtrQtr: NESW Sec: 29 Twp: 2N Range: 64W Meridian: 6

UIC FACILITY INFORMATION

UIC Facility ID: 159980 (as assigned on an approved Form 31)
 Facility Name: NGL Facility Number: C5A

WELLBORE INFORMATION

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	12+1/4	9+5/8	36	0	1032	260	1032	0	VISU
1ST	8+3/4	7	26	0	9383	155	9383	7924	CBL
1ST LINER	6+1/8	4+1/2	11.6	9204	11130				
	8+3/4	7	Stage Tool	0	7906	745	7906	0	

Plug Back Total Depth: 11122 Tubing Depth: 9209 Packer Depth: 9189

List below all Plugs, Bridge Plugs, Stage Cementing or Squeeze Work performed on this wellbore:

This Form has pulled in incorrect data for the Stage Tool Line above:
 The Correct data is: A DV Tool was set @ 7,924' and cemented with 645 sx lead & 110 sx tail, TOTAL of 755 sx.
 EOT was extended deeper with a Seal Assembly to 9,209' & Packer at 9,189', PBR & TOL at 9,204', with NO External Casing Packers.
 The Plug Back TD is the Landing Baffle, which is just above the Float Collar & just below the bottom 4-1/2" Slotted Liner.

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

WELLBORE COMPLETIONS

Formation Name	Gross Completed Interval from Top	Gross Completed Interval from Bottom	Completion Type
ADMIRE	10134	10192	Open Hole
AMAZON	9900	9978	Open Hole

ATOKA	11076	11130	Open Hole
COUNCIL GROVE	9978	10134	Open Hole
DENVER BASIN COMBINED DISPOSAL ZONE	9383	11130	Open Hole
DES MOINES	10652	11076	Open Hole
FOUNTAIN	10570	10652	Open Hole
LOWER SATANKA	9554	9835	Open Hole
LYONS	9383	9554	Open Hole
MISSOURI	10431	10570	Open Hole
VIRGIL	10192	10431	Open Hole
WOLFCAMP	9835	9900	Open Hole

Operator Comments:

Form 21, Doc #400937213 - MIT Approved.
 Form 4, Doc # 400911624 - Formation Water Testing Exemption - Approved.
 Form 5, Doc # 400926872 - Approved
 Form 5A, Doc # 400927239 - Approved

As discussed - the Casing/Cementing tab has pulled the incorrect data in for the Stage Tool line and corrections should be made to: Stage Tool Setting Depth & Cement Bottom should be 7924'. Stage Tool Sacks of Cement should be 755.

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: _____

OGCC Approved: _____ Title: _____ Date: 12/9/2015 12:14:12 PM

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

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400951258	WELLBORE DIAGRAM-CURRENT

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)