

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:

400985932

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 159983

UIC Facility ID Required for Subsequent
Form 31

UIC FACILITY INFORMATION

Facility Name and Number: WATSON RANCH B 24AWI-17-07
-95

County: GARFIELD

Facility Location: SESW / 17 / 7S / 95W / 6

Field Name and Number: PARACHUTE 67350

Facility Type: ☐ Enhanced Recovery☒ Disposal☐ Simultaneous Disposal

Single or Multiple Well Facility?

☒ Single☐ Multiple

Proposed Injection Program (Required):

THIS PROPOSED INJECTION WELL IS PLANNED TO SUPPORT PRODUCED WATER DISPOSAL NEEDS FOR URSA'S BATTLEMENT MESA AREA DEVELOPMENT NEAR THE TOWN OF PARACHUTE IN GARFIELD COUNTY, CO. THE DISPOSAL WELL WILL SUPPORT URSA OPERATIONS ONLY, AND IS NOT PROPOSED AS A COMMERCIAL DISPOSAL FACILITY. CURRENTLY, THE WILLIAMS FORK FORMATION IS THE ONLY PRODUCED WATER SOURCE FORMATION THAT WILL BE DISPOSED OF AT THIS LOCATION.

OPERATOR INFORMATION

OGCC Operator Number: 10447

Name of Operator: URSA OPERATING COMPANY LLC

Address: 602 SAWYER STREET #710

City: HOUSTON

State: TX

Zip: 77007

Contact Name and Telephone:

Name: JENNIFER LIND

Phone: (720) 508-8362 Fax: ()

Email: JLIND@URSARESOURCES.COM

INJECTED FLUID TYPE

All injected fluids must be Exempt E&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:

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

PROPOSED INJECTION FORMATIONS

FORMATION (Name): COZZETTE-CORCORAN Porosity: 9 %
Formation TDS: 21733 mg/L Frac Gradient: 0.776 psi/ft Permeability: _____ 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 0 to 5000 bbls/day
Surface Injection Pressure Range From 0 to 2143 psi
FOR GAS: Daily Injection Rate Range From _____ to _____ mcf/day
Surface Injection Pressue Range From _____ to _____ psi

Estimated Initial Injection Date: 3/1/2016

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

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

Area Review Date: 2/4/2016

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

40

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

Total within Area of Review	<table border="1"><tr><td>4</td></tr></table>	4
4		
Number To Be Re-Plugged	<table border="1"><tr><td>0</td></tr></table>	0
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	<table border="1"><tr><td>36</td></tr></table>	36
36		
Number Requiring Casing Repair	<table border="1"><tr><td>0</td></tr></table>	0
0		
Number To Be Plugged	<table border="1"><tr><td>0</td></tr></table>	0
0		

Operator's Area of Review Contact Email: Koehler 2/4/2016

☐ 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: JENNIFER LIND Signed: _____

Title: REGULATORY ANALYST 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: 159983

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>	
<u>Attachment Check List</u>		
<u>Att Doc Num</u>	<u>Name</u>	
400985947	WELLBORE DIAGRAM-SUBSEQUENT	
400985948	STEP RATE/INJECTIVITY TEST DOCUMENTATION	
400989386	ANALYSIS OF INJECTION ZONE WATER	
400989406	ANALYSIS OF INJECTION WATER	
400989415	MAP OF O&G WELLS IN AREA OF REVIEW	
400989417	MAP OF WATER WELLS ¼-MILE	
400989477	LIST OF MINERAL OWNERS ¼-MILE	
400989478	LIST OF SURFACE OWNERS ¼-MILE	
Total Attach: 8 Files		
<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Total: 0 comment(s)		