

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

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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

0

UIC Facility ID Required for Subsequent Form 31

UIC FACILITY INFORMATION

Facility Name and Number: EMERALD 79X

County: RIO BLANCO

Facility Location: SESE / 26 / 2N / 103W / 6

Field Name and Number:

RANGELY

72370

Facility Type:

Enhanced Recovery

Disposal

Simultaneous Disposal

Single or Multiple Well Facility?

Single

Multiple

Proposed Injection Program (Required):

Relief well for Rangely Weber Sand Unit. Will inject produced water into the Navajo Formation

OPERATOR INFORMATION

OGCC Operator Number: 16700

Contact Name and Telephone:

Name of Operator: CHEVRON USA INC

Name: Jordan Etten

Address: 6301 DEAUVILLE BLVD

Phone: (432) 687-7688

Fax: (970) 675-3800

City: MIDLAND

State: TX

Zip: 79706

Email: Jordan.Etten@chevron.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): NAVAJO Porosity: -25 %
Formation TDS: 15600 mg/L Frac Gradient: 0.95 psi/ft Permeability: -50 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 15000 bbls/day
Surface Injection Pressure Range From 1600 to 1900 psi
FOR GAS: Daily Injection Rate Range From _____ to _____ mcf/day
Surface Injection Pressue Range From _____ to _____ psi

Estimated Initial Injection Date: 12/15/2017

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

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

Area Review Date: 11/1/2017

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

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

Total within Area of Review
Number To Be Re-Plugged

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
Number Requiring Casing Repair
Number To Be Plugged

Operator's Area of Review Contact Email: _____

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: Diane Peterson Signed: _____

Title: Permit Specialist 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: 0

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>	
401464022	WELLBORE DIAGRAM-CURRENT	
401464023	OTHER	
401464024	WELLBORE DIAGRAM-PROPOSED	
401464215	MAP OF O&G WELLS IN AREA OF REVIEW	
401464217	MAP OF SURFACE OWNERS ¼-MILE	
401464221	CERTIFIED MAIL RECEIPT(S)	
401464237	OFFSET WELL EVALUATION	
Total Attach: 7 Files		
<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		