

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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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: Dickinson 2 County: LOGAN
Facility Location: SESW / 6 / 9N / 52W / 6 Field Name and Number: PADRONI WEST 67000
Facility Type: ☒ Enhanced Recovery ☐ Disposal ☐ Simultaneous Disposal
Single or Multiple Well Facility? ☐ Single ☒ Multiple

Proposed Injection Program (Required):

1. MI 165 jts 2 7/8" J55 WS, MIRU SU, MIRU pumps, PU power swivel2. PU 3 7/8" bit, TIH Tag CIBP @ 4,940'3. DO CIBP @ 4,940'4. Tag PBDT @ 5,046'5. Tag PBDT @ 5,046'circ bottoms up, TOH w/ bit & LD bit 6. MIRU WL TIH w/ Perf gun 4spf 90° phase angle perf "O" sand interval from 5006'-5010', TOH RDMOWL7. PU TIH w/ 2 7/8" tbg, 300' tbg, 4.5" Pkr and 4700' tbg8. Set PKR at 4700', EOT estimated at 5,000'9. MIRU acid truck, establish injection rate, relase Pkr and spot 1 BBL acid arcross perf10. Set pkr ~4700', EOT estimated at ~5,000'11. Pump reminding 458 gal 15% NEFE HCL in to O sand.12. Release PKR TOH to 4,835'13. Spot 3 BBL acid from 4,835'-4,740' Set PKR at 4,440'14. Pump reminding 4874 gal 15% NEFE HCL in to J sand.15. Realse PKR TOH w/ PKR LD WS16. PU 2 7/8" injection tbg and 4 1/2" Inj Pkr run in hole with 152 Jts tbg.17. Set pkr at 4,682'18. RDMO SU19. Open valve to injection lines 20. Record Injection rate and pressure 0, 5, 10, 15 minute intervals21. Monitor, record and report rate and pressure to engineer for 30 days.

OPERATOR INFORMATION

OGCC Operator Number: 17180	Contact Name and Telephone:
Name of Operator: CITATION OIL & GAS CORP	Name: Sharon Ward
Address: 14077 CUTTEN RD	Phone: (281) 8911556 Fax: (281) 5802168
City: HOUSTON State: TX Zip: 77269	Email: sward@cogc.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): J SAND Porosity: 20 %
Formation TDS: mg/L Frac Gradient: psi/ft Permeability: 500 mD
Proposed Stimulation Program: ☒ Acid ☐ Frac Treatment ☐ None

FORMATION (Name): O SAND Porosity: 20 %
Formation TDS: mg/L Frac Gradient: psi/ft Permeability: 500 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 1287 to 1500 bbls/day
Surface Injection Pressure Range From 1287 to 1500 psi
FOR GAS: Daily Injection Rate Range From to mcf/day
Surface Injection Pressure Range From to psi

Estimated Initial Injection Date: 4/10/2018

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

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

Area Review Date: 3/26/2018

Total number of Oil & Gas Wells within Area of Review: 15

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

Total within Area of Review	6
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	9
Number Requiring Casing Repair	0
Number To Be Plugged	0

Operator's Area of Review Contact Email: sward@cogc.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: Sharon Ward Signed: _____

Title: Permitting Manager 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:

COA Type **Description**

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Attachment Check List

Att Doc Num **Name**

401588163	ANALYSIS OF INJECTION ZONE WATER
401588164	UNIT AREA PLAT
401588165	SURFACE FACILITY DIAGRAM
401588166	WELLBORE DIAGRAM-CURRENT
401588167	WELLBORE DIAGRAM-PROPOSED
401589067	AREA OF REVIEW-COGCC EVALUATION

Total Attach: 6 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)