

State of Colorado  
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403339192

Date Received:

03/23/2023

## 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.

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

Per Rule 803, 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 Rule 811.

Form 33 Type ☒ Intent ☐ Subsequent**OPERATOR INFORMATION**

ECMC Operator Number: 96850

Name of Operator: TEP ROCKY MOUNTAIN LLC

Address: 1058 COUNTY ROAD 215

City: PARACHUTE State: CO Zip: 81635

Contact Name and Telephone:

Name: Jeff Kirtland

Phone: (970) 263-2736 Fax: ( )

Email: jkirtland@terraep.com

**WELL INFORMATION**

Well Name and Number: Federal RG 921-24-299D API No: 05-103-12674-00

Field Name and Number: SULPHUR CREEK 80090 County: RIO BLANCO

QtrQtr: SENW Sec: 24 Twp: 2S Range: 99W Meridian: 6

**UIC FACILITY INFORMATION**

UIC Facility ID: 160041 (as assigned on an approved Form 31)

Facility Name: Federal RG 921-24-299D

Facility Number:

**WELLBORE INFORMATION**

(No Casing Provided)

Plug Back Total Depth: 9246

Tubing Depth: 5152

Packer Depth: 5154

List below all Plugs, Bridge Plugs, Stage Cementing or Squeeze Work from Surface to TD performed on this wellbore.

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
ILES	8246	9246	Perforated
WILLIAMS FORK	5204	6731	Perforated

Operator Comments:

TEP has submitted a Form 2 (Doc# 403337252) for the proposed Federal RG 921-24-299D well and a Form 2A (Doc# 403320102) for the Federal RG 22-24-299 Oil and Gas Location, in addition to this Form 33 and the Form 31 (Doc# 403339176) submission. TEP has also submitted an Oil and Gas Development Plan application, which has been assigned Docket No. 230300080.

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

Print Name: Scott Ghan

Signed: \_\_\_\_\_ Title: Sr. Regulatory Specialist Date: 3/23/2023 3:55:26 PM

ECMC Approved:  Title: \_\_\_\_\_ Date: 5/8/2024 2:13:24 PM

MAX. SURFACE INJECTION PRESSURE: \_\_\_\_\_ If Disposal Well, MAX. INJECTION VOL. LIMIT: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY LIST**

**COA Type**

**Description**

Underground Injection Control	Well must pass MIT witnessed by ECMC before Subsequent Forms 31 and 33 will be approved. Well must be in injection configuration.
Underground Injection Control	Operator must provide all tops of formations encountered from surface to TD on a Form 5 (if one is needed) or on a Sundry.
Underground Injection Control	For all new and converted Underground Injection Control wells a Cement Bond Log (CBL) is required on the cased portions of the hole from the bottom of the casing to the top of the next shallower casing string for all casing strings other than the Surface Casing and Conductor if present. Only a PDF, TIFF, or PDS visual image is required.
Underground Injection Control	For ALL NEW DRILL UNDERGROUND INJECTION WELLS a suite of open-hole Resistivity/Gamma Ray and Density/Neutron logs IS REQUIRED from Surface Casing shoe to TD. A PDF, TIFF, or PDS visual image and a LAS or DLIS file version of each log is required.
4 COAs	

**ATTACHMENT LIST**

**Att Doc Num**

**Name**

403339192	FORM 33-INTENT-SUBMITTED
403351321	WELLBORE DIAGRAM-PROPOSED
403351328	OTHER

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)