

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

INJECTION WELL PERMIT APPLICATION

Submit a completed Form 33 with or after approval obtained on Form 31 (Underground Injection 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.

Well Name and Number: _____ API No: _____
 UIC Facility No: _____ (as assigned on an approved Form 31)
 Project Name: _____ Operator Name: _____
 Field Name and Number: _____ County: _____
 QtrQtr: _____ Sec: _____ Twp: _____ Range: _____ Meridian: _____

Complete the Attachment Checklist

	Oper	OGCC
Current Wellbore Diagram		
Proposed Wellbore Diagram		

CURRENT WELLBORE INFORMATION

	SIZE	DEPTH	NO. SACKS	CEMENT TOP	Cement Top Determined By:		
					CBL	CIRCULATED	CALCULATED
Surface Casing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Casing (if any)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production Casing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plug Back Total Depth: _____ Tubing Depth: _____ Packer Depth: _____
 _____ Formation Gross Perforation Interval: _____ to _____
 _____ Formation Gross Perforation Interval: _____ to _____
 _____ Formation Open Hole Interval (if any): _____ to _____

List below all Plugs, Bridge Plugs, Stage Cementing or Squeeze Work performed on this wellbore: (if more space needed, continue on reverse side of this form.)
 1. _____
 2. _____
 3. _____
 4. _____

Describe below any changes to the wellbore which will be made upon conversion. (This 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.)
 1. _____
 2. _____
 3. _____
 4. _____

Comments: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Print Name: _____
 Signed: _____ Title: _____ Date: _____

OGCC Approved: _____ Title: _____ Date: _____
 MAX. SURFACE INJECTION PRESSURE: _____ If Disposal Well, MAX. INJECTION VOL. LIMIT: _____
 CONDITIONS OF APPROVAL, IF ANY: _____