

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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 Number

UIC Facility ID Number Required for Subsequent Form 31

FACILITY INFORMATION

Facility Name and Number: _____ County: _____

Facility Location: _____ Field Name and Number: _____

Facility Type: Enhanced Recovery Disposal Simultaneous Disposal

Single or Multiple Well Facility? Single Multiple

Proposed Injection Program (Required):

OPERATOR INFORMATION

OGCC Operator Number: _____

Name of Operator: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

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): _____ Porosity: _____ %
Formation TDS: _____ mg/L Frac Gradient: _____ psi/ft Permeability: _____ mD
Proposed Stimulation Program: Acid Frac Treatment None

FORMATION (Name): _____ Porosity: _____ %
Formation TDS: _____ mg/L Frac Gradient: _____ psi/ft Permeability: _____ mD
Proposed Stimulation Program: Acid Frac Treatment None

FORMATION (Name): _____ Porosity: _____ %
Formation TDS: _____ mg/L Frac Gradient: _____ 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 _____ to _____ bbls/day
Surface Injection Pressure Range From _____ to _____ psi

FOR GAS: Daily Injection Rate Range From _____ to _____ mcf/day
Surface Injection Pressue Range From _____ to _____ psi

Estimated Initial Injection Date: _____

AREA OF REVIEW OIL and GAS WELL EVALUATION SUMMARY

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

Area Review Date: _____

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: _____ Signed: _____

Title: _____ 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 NUMBER: _____