

**DISCHARGE MONITORING REPORT GENERATOR - WELLINGTON OPERATING COMPANY - prepared by STEWART ENVIRONMENTAL CONSULTANTS, INC.**

**Facility Information:**

Name: Wellington Operating Co.  
 Mailing Address: 6065 S. Quebec Street, Suite 201  
 City, State, Zip: Englewood, CO 80111

Location Address: 1590 East Larimer County Road 70  
 City, State, Zip: Wellington, CO 80549

Telephone: 303-220-5399

Contact Name: Bradley A. Pomeroy

Permit Number: COGCC 281818 & 281824

2.0833333

DATE:	Year	Month	Day
Monitoring Period Start:	2006	9	1
Monitoring Period Stop:	2006	9	30
Date Form Completed:	2006	10	12

Sample Location Result

Parameter:	001 A					Average	Minimum	Maximum	# Samples	Type	050 A	
	# 1	# 2	# 3	# 4	# 5						# 1	Type
Flow - MGD		0.0583	0.0345			0.0464	0.0345	0.0586	2	recorder		
pH min		7.39	7.65				7.39					
pH max		7.76	7.77					7.77	2	grab		
Oil & Grease - Visible Sheen Yes = 1 No = 0		0				0	0	0	1	visual		
Oil & Grease		N.S.				#DIV/0!	0	0	0	grab		
Total Dissolved Solids		2042				2042	2042	2042	1	composite	1470	grab
Chloride as Cl		457				457	457	457	1	composite	11	grab
Fluoride, Total as F		4				4	4	4	1	composite	0.9	grab
Sodium, as Na		185				185	185	185	1	composite	47.9	grab
Sulfate as S		16				16	16	16	1	composite	867	grab
Barium, Total as Ba		5.52				5.52	5.52	5.52	1	composite	0.013	grab
Boron, Total as B		2.03				2.03	2.03	2.03	1	composite	0.25	grab
Thallium, Total as Tl		<0.01				#DIV/0!	0	0	0	composite	0.07	grab
Benzene		0.008				0.008	0.008	0.008	1	grab		
Toluene		<0.002				#DIV/0!	0	0	0	grab		
Ethyl Benzene		<0.002				#DIV/0!	0	0	0	grab		
Xylene, Total		<0.004				#DIV/0!	0	0	0	grab		
Naphthalene		<0.002				#DIV/0!	0	0	0	grab		

**Complete Only If NO Discharge:**

NO DISCHARGE:

050 B		050 C		050 D		050 E	
# 1	Type	# 1	Type	# 1	Type	# 1	Type
806	grab	984	grab	1240	grab	1106	grab
17	grab	17	grab	8	grab	13	grab
1.0	grab	0.8	grab	0.8	grab	0.8	grab
29.2	grab	35.7	grab	28.4	grab	31.4	grab
339	grab	481	grab	647	grab	565	grab
0.028	grab	0.015	grab	0.012	grab	0.033	grab
0.21	grab	0.23	grab	0.23	grab	0.23	grab
0.06	grab	0.06	grab	0.06	grab	0.10	grab
N.S.	grab 1/365						
N.S.	grab 1/365						
N.S.	grab 1/365						
N.S.	grab 1/365						

**050 B: Enter "N.S." instead of concentration values when Not Sampled (annual BTEX)**

Also manually enter "0" in "# EX" column if N.S.

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
 NAME Wellington Operating Co.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Form Approved.  
 OMB No. 2040-0004  
 Approval expires

ADDRESS 6065 S. Quebec Street, Suite 201  
 Englewood, CO 80111

COGCC 281818 & 281824  
 PERMIT NUMBER

001 A  
 DISCHARGE NUMBER

E & P WASTES  
 (SUBR DP)  
 F - FINAL

LARIMER

FACILITY  
 LOCATION 1590 East Larimer County Road 70  
 Wellington, CO 80549  
 ATTN: Bradley A. Pomeroy

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2006	9	1	2006	9	30

DISCHARGE TO PIPELINE

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.0097	0.0586	(03)	*****	*****	*****	*****	0	30/30	recorder
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.144 30 DA AVG	REPORT DAILY MAX	MGD (94)	*****	*****	*****	*****		CONTIN	RECORDER
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	1/7	visual
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	INST MAX YES = 1 NO = 0		*****	*****	*****	*****		WEEKLY	VISUAL
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	contingent	grab
03582 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	10 INST MAX	MG/L		CONTIN GENT	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.77	(12)	0	1/7	grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.5 MAXIMUM			WEEKLY	GRAB
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2042	(19)	0	1/30	composite
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	457	(19)	0	1/30	composite
00940 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	(19)	0	1/30	composite
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEPHEN ROGERS		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE 303-220-5399		DATE 2006 10 12			
Operator in Responsible Charge TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Wellington Operating Co.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**  
 (2-16) (17-19)

Form Approved.  
 OMB No. 2040-0004  
 Approval expires

ADDRESS 6065 S. Quebec Street, Suite 201  
 Englewood, CO 80111

COGCC 281818 & 281824  
 PERMIT NUMBER

001 A  
 DISCHARGE NUMBER

E & P WASTES  
 (SUBR DP)  
 F - FINAL

LARIMER

FACILITY  
 LOCATION 1590 East Larimer County Road 70  
 Wellington, CO 80549  
 ATTN: Bradley A. Pomeroy

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2006	9	1		2006	9	30	
(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)	

DISCHARGE TO PIPELINE

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
SODIUM as Na EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	185	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX				
SULFATE as S 00154 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX				
BARIUM, TOTAL as Ba 01007 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.52	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX				
BORON, TOTAL as B 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.03	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX				
THALLIUM as Th 01059 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX				
BENZENE 34030 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.008	(19)	1*	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.005 DAILY MAX				
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.002	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MAX				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEPHEN ROGERS Operator in Responsible Charge TYPED OR PRINTED		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 303-220-5399		DATE 2006 10 12	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Please see cover letter for discussion. Results reported by telephone on September 26, 2006		AREA CODE		NUMBER		YEAR		MO		DAY	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Wellington Operating Co.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**  
 (2-16) (17-19)

Form Approved.  
 OMB No. 2040-0004  
 Approval expires

ADDRESS 6065 S. Quebec Street, Suite 201  
 Englewood, CO 80111

COGCC 281818 & 281824  
 PERMIT NUMBER

001 A  
 DISCHARGE NUMBER

E & P WASTES  
 (SUBR DP)  
 F - FINAL

LARIMER

FACILITY 1590 East Larimer County Road 70  
 LOCATION Wellington, CO 80549  
 Bradley A. Pomeroy

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2006	9	1		2006	9	30	
(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)	

DISCHARGE TO PIPELINE

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only (46-53) (54-61))			QUANTITY OR CONCENTRATION (4 Card Only (38-45) (46-53) (54-61))			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
ETHYLBENZENE 37371 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.002	(19)	0	1/30	grab	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.7					
XYLENES,TOTAL 81551 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.004	(19)	0	1/30	grab	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.4					
NAPHTHALENE 34696 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.002	(19)	0	1/30	grab	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.14					
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					
<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						TELEPHONE		DATE		
STEPHEN ROGERS								303-220-5399		2006	10	12
Operator in Responsible Charge TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

FACILITY 1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

(2-16)

DGCC 281818 & 28182  
PERMIT NUMBER

(17-19)

050 A  
DISCHARGE NUMBER

E & P WASTES

(SUBR DP)

F - FINAL

Form Approved.  
OMB No. 2040-0004

Approval expires

LARIMER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2006	9	1		2006	9	30

UPGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE \*\*\*

FRC

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM			
TOTAL DISSOLVED SOLIDS	*****	*****		*****	1470	1470	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT			ONCE/MONTH	GRAB
SODIUM as Na	*****	*****		*****	47.9	47.9	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT			ONCE/MONTH	GRAB
CHLORIDE as Cl	*****	*****		*****	11	11	(19)	0	1/30	grab
940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT			ONCE/MONTH	GRAB
SULFATE as S	*****	*****	(03)	*****	867	867	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	REPORT	REPORT			ONCE/MONTH	INSTAN
FLUORIDE, TOTAL as F	*****	*****		*****	0.9	0.9	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT			ONCE/MONTH	GRAB
BARIUM, TOTAL as Ba	*****	*****		*****	0.013	0.013	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT			ONCE/MONTH	GRAB
BORON, TOTAL as B	*****	*****		*****	0.25	0.25	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT			ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICE <b>STEPHEN ROGERS</b> Operator in Responsible Charge	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM			TELEPHONE 303-220-5399		DATE 2006 10 12		
	TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			ARE A	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

FACILITY 1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)  
DGCC 281818 & 28184  
PERMIT NUMBER

(17-19)  
050 A  
DISCHARGE NUMBER

E & P WASTES  
(SUBR DP)  
F - FINAL

Form Approved.  
OMB No. 2040-0004  
Approval expires

LARIMER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2006	9	1	2006	9	30

UPGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (46-53)	QUANTITY OR LOADING (3 Card Only)			QUANTITY OR CONCENTRATION (4 Card Only)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				UNITS (54-61)
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.07	0.07	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L	ONCE/MONTH	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEPHEN ROGERS Operator in Responsible Charge	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			303-220-5399	2006	10	12
TYPED OR PRINTED		ARE A	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

NAME Wellington Operating Co.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

(2-16)

(17-19)

E & P WASTES

Approval expires

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

JGCC 281818 & 28184
PERMIT NUMBER

050 B
DISCHARGE NUMBER

(SUBR DP)

F - FINAL

LARIMER

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2006	9	1	TO	2006	9	30

DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE  \*\*\*

Bradley A. Pomeroy

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only)			QUANTITY OR CONCENTRATION (4 Card Only)			NO. EX 62-63	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		(46-53)	(54-61)	UNITS	(38-45)	(46-53)	(54-61)				UNITS
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
TOTAL DISSOLVED SOLIDS		*****	*****		*****	*****	806	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE		*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
SODIUM as Na		*****	*****		*****	*****	29.2	(19)	0	1/30	grab
EFFLUENT GROSS VALUE		*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
CHLORIDE as Cl		*****	*****		*****	*****	17	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE		*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
SULFATE as S			*****	(03)	*****	*****	339	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	INSTAN	
FLUORIDE, TOTAL as F		*****	*****		*****	*****	1.0	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE		*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
BARIUM, TOTAL as Ba		*****	*****		*****	*****	0.028	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE		*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
BORON, TOTAL as B		*****	*****		*****	*****	0.21	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE		*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	VISUAL	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEPHEN ROGERS Operator in Responsible Charge	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			303-220-5399	2006	10	12
TYPED OR PRINTED		ARE A	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

FACILITY 1590 East Larimer County Road 70  
LOCATION Wellington, CO 80549

Bradley A. Pomeroy

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)  
DGCC 281818 & 28183  
PERMIT NUMBER

(17-19)  
050 B  
DISCHARGE NUMBER

E & P WASTES  
(SUBR DP)  
F - FINAL

Form Approved.  
OMB No. 2040-0004

Approval expires  
LARIMER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2006	9	1	2006	9	30

DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT T	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			UNITS (46-53)	NO. EX 62-63	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
01059 THALLIUM, TOTAL as Th EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT T	*****	*****	*****	*****	*****	0.06	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/MONTH	GRAB
BENZENE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT T	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.005 DAILY MAX	MG/L		ONCE/YEAR	GRAB
TOLUENE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT T	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MAX	MG/L		ONCE/YEAR	GRAB
ETHYLBENZENE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT T	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.7 DAILY MAX	MG/L		ONCE/YEAR	GRAB
XYLENES, TOTAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT T	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.4 DAILY MAX	MG/L		ONCE/YEAR	GRAB
	SAMPLE MEASUREMENT T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>STEPHEN ROGERS</b> Operator in Responsible Charge <b>TYPED OR PRINTED</b>	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM			TELEPHONE 303-220-5399 DATE 2006 10 12
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
	ARE A	NUMBER	YEAR	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **NOTE: "N.S." SIGNIFIES THAT THE OUTFALL WAS "Not Sampled" FOR THE CURRENT REPORTING PERIOD**

NAME Wellington Operating Co.

DISCHARGE MONITORING REPORT (DMR)

E & P WASTES

Approval expires

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

DGCC 281818 & 281819  
PERMIT NUMBER

050 C  
DISCHARGE NUMBER

(SUBR DP)

F - FINAL

LARIMER

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2006	9	1	2006	9	30

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM				UNITS	
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****	984	984	(19)	0	1/30	grab	
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	30 DA AVG	DAILY MAX	MG/L	ONCE/MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****		*****	35.7	35.7	(19)	0	1/30	grab	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	30 DA AVG	DAILY MAX	MG/L	ONCE/MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****		*****	17	17	(19)	0	1/30	grab	
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	250	REPORT	30 DA AVG	DAILY MAX	MG/L	ONCE/MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	(03)	*****	481	481	(19)	0	1/30	grab	
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	REPORT	REPORT	30 DA AVG	DAILY MAX	MG/L	ONCE/MONTH	INSTAN
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****		*****	0.8	0.8	(19)	0	1/30	grab	
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2	30	DA AVG	DAILY MAX	MG/L	ONCE/MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****		*****	0.015	0.015	(19)	0	1/30	grab	
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2	REPORT	30 DA AVG	DAILY MAX	MG/L	ONCE/MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****		*****	0.23	0.23	(19)	0	1/30	grab	
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5	REPORT	30 DA AVG	DAILY MAX	MG/L	ONCE/MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>STEPHEN ROGERS</b> Operator in Responsible Charge	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			303-220-5399	2006	10	12
TYPED OR PRINTED		AREA	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDE)

Form Approved.  
OMB No. 2040-0004  
Approval expires

NAME Wellington Operating Co.

**DISCHARGE MONITORING REPORT (DMR)**

E & P WASTES  
(SUBR DP)

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

(2-16)  
DGCC 281818 & 2818  
PERMIT NUMBER

(17-19)  
050 C  
DISCHARGE NUMBER

LARIMER

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FRC 2006	9	1	TO	2006	9 30

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUANTITY OR CONCENTRATION				NO. EX OF ANALYSIS (62-63) (64-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS			
01059 THALLIUM, TOTAL as Th EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.06	0.06	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.002 30DA AVG	REPORT DAILY MAX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>STEPHEN ROGERS</b> Operator in Responsible Charge	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			303-220-5399	2006	10	12
TYPED OR PRINTED		ARE A	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

FACILITY 1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) DGCC 281818 & 28182	(17-19) 050 D
PERMIT NUMBER	DISCHARGE NUMBER

E & P WASTES  
(SUBR DP)  
F - FINAL

Form Approved.  
OMB No. 2040-0004

Approval expires

LARIMER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2006	9	1	2006	9	30

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE \*\*\*

FRC	(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)
-----	---------	---------	---------	---------	---------	---------

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUANTITY OR CONCENTRATION			NO. EX 62-63	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM				UNITS
TOTAL DISSOLVED SOLIDS		*****	*****		*****	1240	1240	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT		ONCE/MONTH	GRAB	
						30 DA AVG	DAILY MAX	MG/L			
SODIUM as Na		*****	*****		*****	28.4	28.4	(19)	0	1/30	grab
EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT		ONCE/MONTH	GRAB	
						30 DA AVG	DAILY MAX	MG/L			
CHLORIDE as Cl		*****	*****		*****	8	8	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE		*****	*****	*****	*****	250	REPORT		ONCE/MONTH	GRAB	
						30 DA AVG	DAILY MAX	MG/L			
SULFATE as S		*****	*****		*****	647	647	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT		ONCE/MONTH	INSTAN	
						30 DA AVG	DAILY MAX	MG/L			
FLUORIDE, TOTAL as F		*****	*****		*****	0.8	0.8	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE		*****	*****	*****	*****	2	REPORT		ONCE/MONTH	GRAB	
						30 DA AVG	DAILY MAX	MG/L			
BARIUM, TOTAL as Ba		*****	*****		*****	0.012	0.012	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE		*****	*****	*****	*****	2	REPORT		ONCE/MONTH	GRAB	
						30 DA AVG	DAILY MAX	MG/L			
BORON, TOTAL as B		*****	*****		*****	0.23	0.23	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE		*****	*****	*****	*****	5	REPORT		ONCE/MONTH	VISUAL	
						30 DA AVG	DAILY MAX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEPHEN ROGERS Operator in Responsible Charge	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM	TELEPHONE	DATE			
		303-220-5399	2006	10	12	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name, Location & Difference)

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

NAME Wellington Operating Co.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

(2-16)  
DGCC 281818 & 2818  
PERMIT NUMBER

(17-19)  
050 D  
DISCHARGE NUMBER

E & P WASTES  
(SUBR DP)  
F - FINAL

Approval expires

LARIMER

FACILITY  
1590 East Larimer County Road 70  
LOCATION Wellington, CO 80549

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2006	9	1	2006	9	30

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE  \*\*\*

Bradley A. Pomeroy

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only)			QUANTITY OR CONCENTRATION (4 Card Only)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
THALLIUM, TOTAL as Th	*****	*****	*****	*****	*****	0.06	0.06	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.002	REPORT			ONCE/MONTH	GRAB
						30 DA AVG	DAILY MAX	MG/L			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEPHEN ROGERS Operator in Responsible Charge TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			303-220-5399	2006	10	12
			AREA NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Wellington Operating Co.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

ADDRESS 6065 S. Quebec Street, Suite 201

(2-16)  
**DGCC 281818 & 28182**  
 PERMIT NUMBER

(17-19)  
**050 E**  
 DISCHARGE NUMBER

E & P WASTES

Approval expires

(SUBR DP)

F - FINAL

LARIMER

FACILITY

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2006	9	1	2006	9	30

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

\*\*\* NO DISCHARGE  \*\*\*

Bradley A. Pomeroy

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
TOTAL DISSOLVED SOLIDS	*****	*****	*****	*****	1106	1106	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	MG/L	ONCE/MONTH	GRAB	
SODIUM as Na	*****	*****	*****	*****	31.4	31.4	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	MG/L	ONCE/MONTH	GRAB	
CHLORIDE as Cl	*****	*****	*****	*****	13	13	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	250	REPORT	MG/L	ONCE/MONTH	GRAB	
SULFATE as S	*****	*****	(03)	*****	565	565	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	REPORT	REPORT	MG/L	ONCE/MONTH	INSTAN	
FLUORIDE, TOTAL as F	*****	*****	*****	*****	0.8	0.8	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	2	REPORT	MG/L	ONCE/MONTH	GRAB	
BARIUM, TOTAL as Ba	*****	*****	*****	*****	0.033	0.033	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	2	REPORT	MG/L	ONCE/MONTH	GRAB	
BORON, TOTAL as B	*****	*****	*****	*****	0.23	0.23	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5	REPORT	MG/L	ONCE/MONTH	VISUAL	

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> STEPHEN ROGERS Operator in Responsible Charge	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			303-220-5399	2006	10	12
TYPED OR PRINTED		ARE A	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201  
Englewood, CO 80111

FACILITY 1590 East Larimer County Road 70

LOCATION Wellington, CO 80549  
Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)			(17-19)		
COGCC 281818 & 281824			050 E		
PERMIT NUMBER			DISCHARGE NUMBER		

E & P WASTES  
(SUBR DP)  
F - FINAL

Form Approved.  
OMB No. 2040-0004  
Approval expires

LARIMER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2006	9	1	2006	9	30
FROM			TO		
(20-21)		(22-23)	(24-25)	(26-27)	
(28-29)		(30-31)			

1/4-MILE DOWNGRAIDENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (19)			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	*****	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.002 30 DA AVG	REPORT DAILY MAX	***** MGL		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>STEPHEN ROGERS</b> Operator in Responsible Charge	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE 303-220-5399		DATE 2006 10 12	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)