

DISCHARGE MONITORING REPORT GENERATOR - WELLINGTON OPERATING COMPANY - prepared by STEWART ENVIRONMENTAL CONSULTANTS

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

DATE:	Year	Month	Day
Monitoring Period Start:	2006	12	1
Monitoring Period Stop:	2006	12	31
Date Form Completed:	2007	1	25

Parameter:	Sample Location Result									
	001 A					Average	Minimum	Maximum	# Samples	Type
Flow - MGD	0.0062	0.0071	0.0051			0.0061		0.0094	3	recorder
pH min	8.1	8.1	8.3				8.1			grab
pH max	8.4	8.5	8.5					8.5	3	grab
Oil & Grease - Visible Sheen Yes = 1 No = 0		0				0		0	1	visual
Oil & Grease		N.S.				N.S.		N.S.	0	grab
Total Dissolved Solids		2344				2344		2344	1	grab
Chloride as Cl		505				505		505	1	grab
Fluoride, Total as F		5.0				5.0		5.0	1	grab
Sodium, as Na		85.0				85.0		85.0	1	grab
Sulfate as S		23.0				23.0		23.0	1	grab
Barium, Total as Ba		4.84				4.84		4.84	1	grab
Boron, Total as B		2.73				2.73		2.73	1	grab
Thallium, Total as Tl		<0.01				<0.01		<0.01	1	grab
Benzene		<0.001				<0.001		<0.001	1	grab
Toluene		<0.002				<0.002		<0.002	1	grab
Ethyl Benzene		<0.002				<0.002		<0.002	1	grab
Xylene, Total		<0.004				<0.004		<0.004	1	grab
Naphthalene		<0.002				<0.002		<0.002	1	grab

Complete Only If NO Discharge:

NO DISCHARGE: ☐

Flows

wk 1

18668

wk2

49541

wk3

15449

S, INC.

050 A		050 B		050 C		050 D		050 E	
# 1	Type	# 1	Type	# 1	Type	# 1	Type	# 1	Type
1242	grab	868	grab	1224	grab	1220	grab	980	grab
10	grab	44	grab	12	grab	10	grab	14	grab
0.8	grab	1.0	grab	0.8	grab	0.8	grab	0.9	grab
43.6	grab	33.0	grab	41.3	grab	29.4	grab	30.4	grab
734	grab	373	grab	703	grab	704	grab	535	grab
0.011	grab	0.021	grab	0.013	grab	0.010	grab	0.022	grab
0.18	grab	0.15	grab	0.17	grab	0.15	grab	0.14	grab
0.06	grab	0.06	grab	0.04	grab	0.04	grab	0.05	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.

ADDRESS 6065 S. Quebec Street, Suite 201

Englewood, CO 80111

FACILITY

LOCATION 1590 East Larimer County Road 70

Wellington, CO 80549

ATTN: Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

COGCC 281818 & 281824

PERMIT NUMBER

001 A

DISCHARGE NUMBER

E & P WASTES

(SUBR DP)

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires

LARIMER

MONITORING PERIOD								
YEAR			MO			DAY		
2006			12			1		
FROM			TO					
(20-21)			(22-23)			(26-27)		
(24-25)			(28-29)			(30-31)		

DISCHARGE TO PIPELINE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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									
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0061	0.0094	(03)	*****	*****	*****	*****	0	30/30	recorder						
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.144 30 DA AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		CONTIN	RECORDER						
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	0	(94)	*****	*****	*****	*****	0	1/7	visual						
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	INST MAX		*****	*****	*****	*****		WEEKLY	VISUAL						
			YES = 1 NO = 0														
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	contingent	grab						
03582 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10	MG/L		CONTIN	GRAB						
							INST MAX			GENT							
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.5	(12)	0	1/7	grab						
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5	*****	8.5			WEEKLY	GRAB						
					MINIMUM		MAXIMUM										
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2344	SU	0	1/30	grab						
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT	MG/L		ONCE/	COMPOSITE						
							DAILY MAX	(19)		MONTH							
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	505	MG/L	0	1/30	grab						
00940 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT	MG/L		ONCE/	COMPOSITE						
							DAILY MAX	(19)		MONTH							
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.0	MG/L	0	1/30	grab						
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT	MG/L		ONCE/	COMPOSITE						
							DAILY MAX	(19)		MONTH							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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		2007	1 25						
Operator in Responsible Charge								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER						
TYPED OR PRINTED										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
LOCATION 1590 East Larimer County Road 70
Wellington, CO 80549
ATTN: Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)
(2-16)

COGCC 281818 & 281824
PERMIT NUMBER

(17-19)

001 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	12	1		2006	12	31
FROM						
(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)		(3 Card Only) (46-53)			(4 Card Only) (38-45)			(5 Card Only) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE							
SODIUM as Na EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85	(19)			0	1/30	grab				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L				ONCE/ MONTH	COMPOSITE				
SULFATE as S 00154 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.0	(19)			0	1/30	grab				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L				ONCE/ MONTH	COMPOSITE				
BARIUM, TOTAL as Ba 01007 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.84	(19)			0	1/30	grab				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L				ONCE/ MONTH	COMPOSITE				
BORON, TOTAL as B 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.73	(19)			0	1/30	grab				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L				ONCE/ MONTH	COMPOSITE				
THALLIUM as Tl 01059 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	(19)			0	1/30	grab				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L				ONCE/ MONTH	COMPOSITE				
BENZENE 34030 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.001	(19)			0	1/30	grab				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.005 DAILY MAX	MG/L				ONCE/ MONTH	GRAB				
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)				1/30	grab				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MAX	MG/L				ONCE/ MONTH	GRAB				
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STEPHEN ROGERS							303-220-5399		2007 1 25								
Operator in Responsible Charge							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY				
TYPED OR PRINTED																	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Please see cover letter for discussion. Results reported by telephone on September 26, 2006																	

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
PERMIT NUMBER

001 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	12	1	2006	12	31	
FROM (20-21) (22-23) (24-25)		TO (26-27) (28-29) (30-31)				

DISCHARGE TO PIPELINE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
ETHYLBENZENE 37371 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.002	(19) 0	1/30	grab		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.7 DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
XYLENES,TOTAL 81551 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.004	(19) 0	1/30	grab		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.4 DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
NAPHTHALENE 34696 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.002	(19) 0	1/30	grab		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.14 DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
	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 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 2007 1 25	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE		NUMBER		YEAR		MO		DAY		

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

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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
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LARIMER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2006	12	1		2006	12	31

FROM

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

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

UPGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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)	(54-61)	UNITS	(38-45)	(46-53)	(54-61)	UNITS			
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMEN T	*****	*****	*****	*****	1242	1242	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
SODIUM as Na	SAMPLE MEASUREMEN T	*****	*****	*****	*****	43.6	43.6	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
CHLORIDE as Cl	SAMPLE MEASUREMEN T	*****	*****	*****	*****	10	10	(19)	0	1/30	grab
940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
SULFATE as S	SAMPLE MEASUREMEN T		*****	(03) MGD	*****	734	734	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L	ONCE/ MONTH	INSTAN	
FLUORIDE, TOTAL as F	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.8	0.8	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
BARIUM, TOTAL as Ba	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.011	0.011	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
BORON, TOTAL as B	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.18	0.18	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB	
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STEPHEN ROGERS Operator in Responsible Charge		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					303-220-5399		2007	1	25
TYPED OR PRINTED							ARE A	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

MONITORING PERIOD
YEAR MO DAY
2006 12 1
TO 2006 12 31

UPGRADIENT ALLUVIAL GROUNDWATER
*** NO DISCHARGE ***

PARAMETER (32-37)	<div></div>	(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)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THALLIUM, TOTAL as TI 01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.06	0.06	(19) MG/L	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX		ONCE/ MONTH	GRAB	
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T		*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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		
STEPHEN ROGERS Operator in Responsible Charge								303-220-5399		2007	1	25
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)

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Englewood, CO 80111

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
DGCC 281818 & 28182
PERMIT NUMBER

(17-19)
050 B
DISCHARGE NUMBER

E & P WASTES
(SUBR DP)
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires

LARIMER

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

FROM

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
2006 12 1 TO 2006 12 31

DOWNGRADIANT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(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)	(54-61)	UNITS	(38-45)	(46-53)	(54-61)	UNITS				
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM					
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	868	(19)	0	1/30	grab	
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
SODIUM as Na	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	33	(19)	0	1/30	grab	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
CHLORIDE as Cl	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	44	(19)	0	1/30	grab	
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
SULFATE as S	SAMPLE MEASUREMEN T	*****	*****	(03) MGD	*****	*****	373	(19)	0	1/30	grab	
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	INSTAN		
FLUORIDE, TOTAL as F	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	1.0	(19)	0	1/30	grab	
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
BARIUM, TOTAL as Ba	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	0.021	(19)	0	1/30	grab	
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
BORON, TOTAL as B	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	0.15	(19)	0	1/30	grab	
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	VISUAL		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
STEPHEN ROGERS Operator in Responsible Charge							303-220-5399	2007	1	25
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	12	1	2006	12	31

DOWNGRADIENT ALLUVIAL GROUNDWATER

FROM

*** NO DISCHARGE ***

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

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(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			
THALLIUM, TOTAL as TI 01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	0.06	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX		MG/L	ONCE/ MONTH	GRAB
BENZENE EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.005 DAILY MAX		MG/L	ONCE/ YEAR	GRAB
TOLUENE EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	1 DAILY MAX		MG/L	ONCE/ YEAR	GRAB
ETHYLBENZENE EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN 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 MEASUREMEN T	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	1.4 DAILY MAX		MG/L	ONCE/ YEAR	GRAB
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	
STEPHEN ROGERS Operator in Responsible Charge			303-220-5399		2007 1 25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		ARE A	NUMBER	YEAR	MO DAY

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.

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

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

DISCHARGE MONITORING REPORT (DMR)

(2-16)

DGCC 281818 & 28182
PERMIT NUMBER

(17-19)

050 C
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	12	1	2006	12	31

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

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(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)	(54-61)	UNITS	(38-45)	(46-53)	(54-61)	UNITS				
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM					
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMEN T	*****	*****	*****	*****	1224	1224	(19) MG/L	0	1/30	grab	
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX		ONCE/ MONTH	GRAB		
SODIUM as Na	SAMPLE MEASUREMEN T	*****	*****	*****	*****	41.3	41.3	(19) MG/L	0	1/30	grab	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX		ONCE/ MONTH	GRAB		
CHLORIDE as Cl	SAMPLE MEASUREMEN T	*****	*****	*****	*****	12	12	(19) MG/L	0	1/30	grab	
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250 30 DA AVG	REPORT DAILY MAX		ONCE/ MONTH	GRAB		
SULFATE as S	SAMPLE MEASUREMEN T		*****	(03) MGD	*****	703	703	(19) MG/L	0	1/30	grab	
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX		ONCE/ MONTH	INSTAN		
FLUORIDE, TOTAL as F	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.8	0.8	(19) MG/L	0	1/30	grab	
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 DA AVG	30 REPORT DAILY MAX		ONCE/ MONTH	GRAB		
BARIUM, TOTAL as Ba	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.013	0.013	(19) MG/L	0	1/30	grab	
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX		ONCE/ MONTH	GRAB		
BORON, TOTAL as B	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.17	0.17	(19) MG/L	0	1/30	grab	
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	5 30 DA AVG	REPORT DAILY MAX		ONCE/ MONTH	VISUAL		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
STEPHEN ROGERS			303-220-5399		2007	1	25
Operator in Responsible Charge			ARE A	NUMBER			
TYPED OR PRINTED					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

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDE)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
DGCC 281818 & 28184
PERMIT NUMBER

(17-19)
050 C
DISCHARGE NUMBER

E & P WASTES
(SUBR DP)
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires

LARIMER

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
FRC 2006	12	1		2006	12	31

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

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (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			
THALLIUM, TOTAL as TI 01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.04	0.04	(19) MG/L	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	0.002 30 DA AVG	REPORT DAILY MAX			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T		*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	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	2007	1	25
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)		(17-19)	
DGCC 281818 & 28182		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	TO	YEAR		MO	DAY
2006		12	1		2006		12	31

FROM

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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)	(54-61)	UNITS	(38-45)	(46-53)	(54-61)				
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1220	1220	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX		MG/L	ONCE/MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	29.4	29.4	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX		MG/L	ONCE/MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250 30 DA AVG	REPORT DAILY MAX		MG/L	ONCE/MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	*****	*****	704	704	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT 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	REPORT DAILY MAX		MG/L	ONCE/MONTH	GRAB
BARIIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.010	0.010	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX		MG/L	ONCE/MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.15	0.15	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	5 30 DA AVG	REPORT DAILY MAX		MG/L	ONCE/MONTH	VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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			
STEPHEN ROGERS Operator in Responsible Charge						303-220-5399		2007	1	25	
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 (NPDE)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

DGCC 281818 & 28182
PERMIT NUMBER

(17-19)

050 D
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	12	1	2006	12	31

FROM

TO

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
THALLIUM, TOTAL as Tl	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.04	0.04	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.002 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
STEPHEN ROGERS Operator in Responsible Charge					303-220-5399		2007	1	25
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

DGCC 281818 & 28182
PERMIT NUMBER

(17-19)

050 E
DISCHARGE NUMBER

E & P WASTES

(SUBR DP)

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires

LARIMER

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

MONITORING PERIOD					
YEAR			MO		
DAY	DAY	DAY	DAY	DAY	DAY
2006	12	1	2006	12	31

FROM

TO

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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)		(54-61)	(38-45)		(46-53)				(54-61)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****	980	980	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			ONCE/MONTH	GRAB
						DAILY MAX	DAILY MAX	MG/L			
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****		*****	30.4	30.4	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			ONCE/MONTH	GRAB
						DAILY MAX	DAILY MAX	MG/L			
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****		*****	14	14	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	250	REPORT			ONCE/MONTH	GRAB
						DAILY MAX	DAILY MAX	MG/L			
SULFATE as S	SAMPLE MEASUREMENT		*****	(03)	*****	535	535	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	REPORT	REPORT			ONCE/MONTH	INSTAN
						DAILY MAX	DAILY MAX	MG/L			
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****		*****	0.9	0.9	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2	REPORT			ONCE/MONTH	GRAB
						DAILY MAX	DAILY MAX	MG/L			
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****		*****	0.022	0.022	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2	REPORT			ONCE/MONTH	GRAB
						DAILY MAX	DAILY MAX	MG/L			
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****		*****	0.14	0.14	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5	REPORT			ONCE/MONTH	VISUAL
						DAILY MAX	DAILY MAX	MG/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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	
STEPHEN ROGERS								303-220-5399		2007 1 25	
Operator in Responsible Charge											
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)

COGCC 281818 & 281824

PERMIT NUMBER

(17-19)

050 E

DISCHARGE NUMBER

E & P WASTES

(SUBR DP)

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires

LARIMER

1/4-MILE DOWNGRAIDENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	MAXIMUM	UNITS	MINIMUM	AVERAGE					UNITS
						(54-61)	(54-61)				
THALLIUM, TOTAL as Tl	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.05	0.05	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	0.002	REPORT		*****	ONCE/	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		*****		
	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	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 Operator in Responsible Charge		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	303-220-5399		2007	1	25
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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