

**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	11	1
Monitoring Period Stop:	2006	11	30
Date Form Completed:	2006	12	18

**Sample Location Result**

	001 A					Average	Minimum	Maximum	# Samples	Type
Parameter:	# 1	# 2	# 3	# 4	# 5					
Flow - MGD									0	recorder
pH min										grab
pH max									0	grab
Oil & Grease - Visible Sheen Yes = 1 No = 0									0	visual
Oil & Grease									0	grab
Total Dissolved Solids									0	composite
Chloride as Cl									0	composite
Fluoride, Total as F									0	composite
Sodium, as Na									0	composite
Sulfate as S									0	composite
Barium, Total as Ba									0	composite
Boron, Total as B									0	composite
Thallium, Total as Tl									1	composite
Benzene									0	grab
Toluene									1	grab
Ethyl Benzene									1	grab
Xylene, Total									1	grab
Naphthalene									1	grab

**Complete Only If NO Discharge:**

NO DISCHARGE: ☒

S, INC.

050 A		050 B		050 C		050 D		050 E	
# 1	Type	# 1	Type	# 1	Type	# 1	Type	# 1	Type
1282	grab	794	grab	1178	grab	1246	grab	970	grab
8.3	grab	47	grab	11	grab	9	grab	15	grab
0.8	grab	1.0	grab	0.8	grab	0.7	grab	0.9	grab
60.5	grab	47.1	grab	56.4	grab	46.2	grab	43.9	grab
762	grab	331	grab	653	grab	691	grab	453	grab
0.020	grab	0.034	grab	0.022	grab	0.020	grab	0.036	grab
0.25	grab	0.22	grab	0.24	grab	0.23	grab	0.24	grab
<0.05	grab	<0.05	grab	0.1	grab	<0.05	grab	<0.05	grab
		<0.001	grab 1/365						
		<0.002	grab 1/365						
		<0.002	grab 1/365						
		<0.004	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)**

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
FROM		2006	11	1	TO		2006	11	30
		(20-21)	(22-23)	(24-25)			(26-27)	(28-29)	(30-31)

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	TO	YEAR	MO	DAY
2006	11	1		2006	11	30
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								
SODIUM as Na  EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30 composite					
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX								
SULFATE as S  00154 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30 composite					
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX								
BARIUM, TOTAL as Ba  01007 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30 composite					
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX								
BORON, TOTAL as B  01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30 composite					
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX								
THALLIUM as Tl  01059 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30 composite					
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX								
BENZENE  34030 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30 grab					
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.005 DAILY MAX								
TOLUENE  34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30 grab					
	PERMIT REQUIREMENT	*****	*****		*****	*****	1 DAILY MAX								
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		2006	12	18					
Operator in Responsible Charge						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY					
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)

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

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2006	11	1	2006	11	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)		QUANTITY OR LOADING (54-61)			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	*****	*****	*****	*****	*****		(19)		1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.7 DAILY MAX			ONCE/ MONTH	GRAB
XYLENES,TOTAL 81551 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	1.4 DAILY MAX			ONCE/ MONTH	GRAB
NAPHTHALENE 34696 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)		1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.14 DAILY MAX			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER				TELEPHONE			DATE				
STEPHEN ROGERS				303-220-5399			2006	12	18		
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)											

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	11	1		2006	11	30

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) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS										
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMEN T	*****	*****	*****	*****	1282	1282	(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	*****	*****	*****	*****	60.5	60.5	(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	*****	*****	*****	*****	8.3	8.3	(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	*****	762	762	(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	*****	*****	*****	*****	0.02	0.02	(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	*****	*****	*****	*****	0.25	0.25	(19)	0	1/30	grab							
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/MONTH	GRAB							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE		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	2006	12	18							
Operator in Responsible Charge								ARE A NUMBER	YEAR	MO	DAY							
TYPED OR PRINTED																		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																		

PERMITTEE NAME/ADDRESS  
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 A  
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  
FROM 2006 11 1 TO 2006 11 30  
UPGRADIENT 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)						
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS					
THALLIUM, TOTAL as TI  01059      EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	<0.05	<0.05	(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				TELEPHONE			DATE				
STEPHEN ROGERS													
Operator in Responsible Charge						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			ARE A	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED													
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 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

Bradley A. Pomeroy

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
2006 11 1 TO 2006 11 30

DOWNGRADIANT 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			
TOTAL DISSOLVED SOLIDS  70295 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	794	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	47.1	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl  00940 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	47	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S  00154 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	(03) *****	*****	*****	331	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F  00951 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	1.0	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba  01007 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	0.034	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B  01022 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	0.22	(19)	0	1/30	grab
	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	TELEPHONE		DATE			
STEPHEN ROGERS Operator in Responsible Charge				303-220-5399	2006	12	18
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 & 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	11	1	2006	11	30

FROM

TO

DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* 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	*****	*****	*****	*****	*****	<0.05	(19)  MG/L	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX		ONCE/ MONTH	GRAB	
BENZENE  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	<0.001	(19)  MG/L	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.005 DAILY MAX		ONCE/ YEAR	GRAB	
TOLUENE  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	<0.002	(19)  MG/L	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	1 DAILY MAX		ONCE/ YEAR	GRAB	
ETHYLBENZENE  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	<0.002	(19)  MG/L	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.7 DAILY MAX		ONCE/ YEAR	GRAB	
XYLENES, TOTAL  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	<0.004	(19)  MG/L	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	1.4 DAILY MAX		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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				303-220-5399		2006	12	18
TYPED OR PRINTED					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	11	1	2006	11	30

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)	UNITS	(38-45)	(46-53)	(54-61)				
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****	1178	1178	(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	*****	*****		*****	56.4	56.4	(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	*****	*****		*****	11	11	(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		*****	(03)	*****	653	653	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	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 DA AVG	REPORT DAILY MAX	MG/L		ONCE/MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****		*****	0.022	0.022	(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	*****	*****		*****	0.24	0.24	(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				303-220-5399		2006 12 18	
Operator in Responsible Charge				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
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

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		YEAR	MO	DAY		
FRC 2006	11	1		2006	11	30		


FRC

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 (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	*****	*****	*****	*****	0.1	0.1	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.002	REPORT			ONCE/ MONTH	GRAB
						30 DA AVG	DAILY MAX	MG/L			
	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  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 303-220-5399		DATE 2006 12 18		
			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

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	TO	YEAR	MO	DAY
2006	11	1		2006	11	30

FROM

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER  (32-37)	<div></div>	(3 Card Only)			(4 Card Only)				NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)						
		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS									
		(46-53) AVERAGE	(54-61) MAXIMUM		(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM										
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMEN T	*****	*****	*****	*****	1246	1246	(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	*****	*****	*****	*****	46.2	46.2	(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	*****	*****	*****	*****	9	9	(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 MEASUREMEN T		*****	*****	*****	691	691	(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	*****	*****	*****	*****	0.7	0.7	(19)	0	1/30	grab						
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB						
BARILUM, TOTAL as Ba	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.020	0.02	(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 MEASUREMEN T	*****	*****	*****	*****	0.23	0.23	(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			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE								
STEPHEN ROGERS							303-220-5399		2006	12	18						
Operator in Responsible Charge							ARE A	NUMBER	YEAR	MO	DAY						
TYPED OR PRINTED																	
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	11	1	2006	11	30

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	*****	*****	*****	*****	<0.05	<0.05	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.002	REPORT	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				303-220-5399		2006	12	18
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

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	11	1	2006	11	30

FROM

TO

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE

xxx
-----

\*\*\*

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	*****	*****		*****	970	970	(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	*****	*****		*****	43.9	43.9	(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	*****	*****		*****	15	15	(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)	*****	453	453	(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	*****	*****		*****	0.036	0.036	(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	*****	*****		*****	0.24	0.24	(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		2006 12 18	
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 & 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 E  
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	11	1	2006	11	30

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	*****	*****	*****	*****	<0.05	<0.05	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.002	REPORT	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				303-220-5399		2006	12	18
TYPED OR PRINTED					ARE A	NUMBER	YEAR	MO	DAY

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