

**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

DATE:	Year	Month	Day
Monitoring Period Start:	2006	10	1
Monitoring Period Stop:	2006	10	31
Date Form Completed:	2006	11	27

**Sample Location Result**

Parameter:	001 A										050 A	
	# 1	# 2	# 3	# 4	# 5	Average	Minimum	Maximum	# Samples	Type	# 1	Type
Flow - MG	0.002623		0.049057	0.010515	0.014325	0.0025			4	recorder		
pH min	7.39		7.97	8.15	8		7.39			grab		
pH max	8.1		8.2	8.34	8.12			8.34	4	grab		
Oil & Grease - Visible Sheen Yes = 1 No = 0	0	0	0	0	0	0	0	0	5	visual		
Oil & Grease			N.S.						0	grab		
Total Dissolved Solids			2350			2350	2350	2350	1	grab*	1412	grab
Chloride as Cl			492			492	492	492	1	grab*	10	grab
Fluoride, Total as F			4.0			4.0	4.0	4.0	1	grab*	0.8	grab
Sodium, as Na			1048			1048	1048	1048	1	grab*	36.9	grab
Sulfate as S			250			250	250	250	1	grab*	846	grab
Barium, Total as Ba			0.510			0.510	0.510	0.510	1	grab*	0.009	grab
Boron, Total as B			2.73			2.73	2.73	2.73	1	grab*	0.17	grab
Thallium, Total as Tl			<0.01			<0.01	<0.01	<0.01	1	grab*	<0.01	grab
Benzene			<0.001			<0.001	<0.001	<0.001	1	grab		
Toluene			<0.002			<0.002	<0.002	<0.002	1	grab		
Ethyl Benzene			<0.002			<0.002	<0.002	<0.002	1	grab		
Xylene, Total			<0.004			<0.004	<0.004	<0.004	1	grab		
Naphthalene			<0.002			<0.002	<0.002	<0.002	1	grab		

**Complete Only If NO Discharge:**

NO DISCHARGE:

\* Note: grab samples requested in September 06 cover letter

050 B		050 C		050 D		050 E	
# 1	Type	# 1	Type	# 1	Type	# 1	Type
790	grab	1096	grab	1252	grab	1088	grab
16	grab	13	grab	8.6	grab	18	grab
1.0	grab	0.84	grab	0.8	grab	0.8	grab
23.3	grab	27.2	grab	19.6	grab	17.0	grab
305	grab	562	grab	658	grab	542	grab
0.018	grab	0.010	grab	0.008	grab	0.017	grab
0.12	grab	0.13	grab	0.12	grab	0.10	grab
<0.01	grab	<0.01	grab	<0.01	grab	0.03	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)

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	10	1	TO		2006	10	31
	(20-21)	(22-23)	(24-25)	(26-27)		(28-29)	(30-31)		

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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  
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LARIMER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2006	10	1		2006	10	31
FROM				TO		
(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) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (54-61) (46-53)			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	*****	*****	*****	*****	*****	1048	(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	*****	*****	*****	*****	*****	250	(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	*****	*****	*****	*****	*****	0.51	(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 Th  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	*****	*****	*****	*****	*****	<0.002	(19)	0	1/30	grab			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MAX	MG/L		ONCE/ MONTH	GRAB			
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	11	27				
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	10	1	2006	10	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 2006 11 27		
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)

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201  
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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

Approval expires

LARIMER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2006	10	1		2006	10	31

FROM

UPGRADIENT ALLUVIAL GROUNDWATER

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

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 MEASUREMEN T	*****	*****	*****	*****	1412	1412	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/	GRAB	
					30 DA AVG	DAILY MAX	MG/L	MONTH			
SODIUM as Na	SAMPLE MEASUREMEN T	*****	*****	*****	*****	36.9	36.9	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/	GRAB	
					30 DA AVG	DAILY MAX	MG/L	MONTH			
CHLORIDE as Cl	SAMPLE MEASUREMEN T	*****	*****	*****	*****	10	10	(19)	0	1/30	grab
940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/	GRAB	
					30 DA AVG	DAILY MAX	MG/L	MONTH			
SULFATE as S	SAMPLE MEASUREMEN T		*****	(03)	*****	846	846	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/	INSTAN	
				MGD	30 DA AVG	DAILY MAX	MG/L	MONTH			
FLUORIDE, TOTAL as F	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.8	0.8	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/	GRAB	
					30 DA AVG	DAILY MAX	MG/L	MONTH			
BARIUM, TOTAL as Ba	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.009	0.009	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/	GRAB	
					30 DA AVG	DAILY MAX	MG/L	MONTH			
BORON, TOTAL as B	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.17	0.17	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/	GRAB	
					30 DA AVG	DAILY MAX	MG/L	MONTH			
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STEPHEN ROGERS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					303-220-5399		2006	11	27
Operator in Responsible Charge							ARE A		NUMBER	YEAR	MO
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 10 1 TO 2006 10 31  
\*\*\* NO DISCHARGE \*\*\*

UPGRADIENT ALLUVIAL GROUNDWATER

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 Th  01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	<0.01	<0.01	(19)  MG/L	0	1/30	grab	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX					
	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		2006	11	27
TYPED OR PRINTED								ARE A	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

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DISCHARGE MONITORING REPORT (DMR)

(2-16)  
DCCC 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 10 1 TO 2006 10 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  70295 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	790	(19)	0	1/30	grab	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	GRAB		
SODIUM as Na  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	23.3	(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	*****	*****	*****	*****	*****	16	(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)  MGD	*****	*****	305	(19)	0	1/30	grab	
	PERMIT REQUIREMENT	*****	*****		*****	*****	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	*****	*****	*****	*****	*****	0.018	(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	*****	*****	*****	*****	*****	0.12	(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				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
STEPHEN ROGERS Operator in Responsible Charge							303-220-5399	2006	11	27
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	10	1	2006	10	31

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 Th  01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	<0.01	(19)  MG/L	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT  DAILY MAX		ONCE/ MONTH	GRAB	
BENZENE  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	N.S.	(19)  MG/L	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.005  DAILY MAX		ONCE/ YEAR	GRAB	
TOLUENE  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	N.S.	(19)  MG/L	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	1  DAILY MAX		ONCE/ YEAR	GRAB	
ETHYLBENZENE  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	N.S.	(19)  MG/L	0	1/365	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.7  DAILY MAX		ONCE/ YEAR	GRAB	
XYLENES, TOTAL  EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	*****	N.S.	(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			303-220-5399		2006 11 27	
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	10	1	2006	10	31

FROM

TO

\*\*\* 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	*****	*****		*****	1096	1096	(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	*****	*****		*****	27.2	27.2	(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	*****	*****		*****	13	13	(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)	*****	562	562	(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	*****	*****		*****	0.84	0.84	(19)	0	1/30	grab		
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2	30	DA AVG	REPORT	DAILY MAX	MG/L	ONCE/MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(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	*****	*****		*****	0.13	0.13	(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		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	2006	11	27		
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	10	1	TO	2006	10	31		

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			(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 Th	SAMPLE MEASUREMEN T	*****	*****	*****	*****	<0.01	<0.01	(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	*****	*****		*****	*****	*****				
	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 11 27		
			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

FROM

2006

10

1

2006

10

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	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(46-53)	(54-61)	UNITS	(38-45)	(46-53)	(54-61)				
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1252	1252	(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	*****	*****	*****	*****	19.6	19.6	(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 MEASUREMENT	*****	*****	*****	*****	8.6	8.6	(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		*****	*****	*****	658	658	(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	
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.008	0.008	(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	*****	*****	*****	*****	0.12	0.12	(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		2006	11	27	
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

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

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

MONITORING PERIOD  
YEAR MO DAY  
2006 10 1 TO 2006 10 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMEN T	*****	*****	*****	*****	<0.01	<0.01	(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	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 11 27
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

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	YEAR	MO	DAY
2006	10	1	2006	10	31

FROM

TO

\*\*\* 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	*****	*****	*****	*****	1088	1088	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY MAX	REPORT DAILY MAX		ONCE/ MONTH	GRAB	
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	17	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY MAX	REPORT DAILY MAX		ONCE/ MONTH	GRAB	
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	18	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250 DAILY MAX	REPORT DAILY MAX		ONCE/ MONTH	GRAB	
SULFATE as S	SAMPLE MEASUREMENT		*****	(03) MGD	*****	542	542	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY MAX	REPORT DAILY MAX		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 DAILY MAX	REPORT DAILY MAX		ONCE/ MONTH	GRAB	
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.017	0.017	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 DAILY MAX	REPORT DAILY MAX		ONCE/ MONTH	GRAB	
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	5 DAILY MAX	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				TELEPHONE		DATE			
STEPHEN ROGERS						303-220-5399		2006 11 27			
Operator in Responsible Charge											
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 (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

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

MONITORING PERIOD  
YEAR MO DAY  
2006 10 1 TO 2006 10 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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THALLIUM, TOTAL as Th  01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMEN T	*****	*****	*****	*****	0.03	0.03	(19)	0*	1/30	grab
	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	*****	*****	*****	*****	*****	*****	*****			
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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 11 27	
TYPED OR PRINTED			ARE A	NUMBER	YEAR	MO

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

PLEASE SEE COVER LETTER FOR EXPLANATION WHY THIS RESULT IS NOT A PERMIT VIOLATION