

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:	2008	12	1
Monitoring Period Stop:	2008	12	31
Date Form Completed:	2009	1	22

Sample Location Result																				
Parameter:	001 A										050 A		050 B		050 C		050 D		050 E	
	# 1	# 2	# 3	# 4	# 5	Average	Minimum	Maximum	# Samples	Type	# 1	Type	# 1	Type	# 1	Type	# 1	Type	# 1	Type
Flow - MGD	0.0060	0.0745	0.0915	0.0831	0.0776	0.0665		0.0915	5	recorder										
pH min	7.76	7.60	7.63	7.57	7.61		7.57													
pH max	7.76	7.70	7.70	7.71	7.64			7.76	5	grab										
Oil & Grease - Visible Sheen Yes = 1 No = 0		0						0.00	1	visual										
Oil & Grease									0	grab										
Total Dissolved Solids		2426						2426	1	composite	832	grab	1350	grab	916	grab	950	grab	908	grab
Chloride as Cl		550.0						550.0	1	composite	11.3	grab	448	grab	84.7	grab	12.4	grab	38.6	grab
Fluoride, Total as F		5.1						5.10	1	composite	0.9	grab	0.77	grab	0.82	grab	0.81	grab	0.84	grab
Sodium, as Na		969						969	1	composite	44.6	grab	221	grab	87.2	grab	34.8	grab	50.5	grab
Sulfate as S		13.2						13.20	1	composite	652	grab	124	grab	461	grab	671	grab	506	grab
Barium, Total as Ba		9.93						9.93	1	composite	0.011	grab	0.064	grab	0.016	grab	0.011	grab	0.025	grab
Boron, Total as B		2.93						2.93	1	composite	0.18	grab	1.33	grab	0.35	grab	0.017	grab	0.18	grab
Thallium, Total as Tl		< 0.01						< 0.01	1	composite	< 0.01	grab	<0.01	grab	< 0.01	grab	<0.01	grab	< 0.01	grab
Benzene		< 0.001						< 0.001	1	grab			N.S.	grab 1/365						
Toluene		< 0.002						< 0.002	1	grab			N.S.	grab 1/365						
Ethyl Benzene		< 0.002						< 0.002	1	grab			N.S.	grab 1/365						
Xylene, Total		< 0.004						< 0.004	1	grab			N.S.	grab 1/365						
Naphthalene		< 0.002						< 0.002	1	grab										

Complete Only If NO Discharge:

NO DISCHARGE:

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	YEAR	MO	DAY	
2008	12	1	2008	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 (54-61)			(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	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0665	0.0915	(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	YES = 1 NO = 0	*****	*****	*****	*****		WEEKLY	VISUAL
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	contingent	grab
03582 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10	MG/L		CONTIN GENT	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.57	*****	7.76	(12)	0	1/7	grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKLY	GRAB
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2426	(19)	0	1/30	composite
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	550	(19)	0	1/30	composite
00940 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.1	(19)	0	1/30	composite
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE 303-220-5399		DATE 2009 1 22		
RANDY R. EVANS Operator in Responsible Charge						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	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

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 NUMBER001 A
DISCHARGE NUMBERE & P WASTES
(SUBR DP)
F - FINALForm Approved.
OMB No. 2040-0004
Approval expires

LARIMER


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	12	1		2008	12	31
	(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			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	969	(19)	0	1/30	composite	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE	
SULFATE as S	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.2	(19)	0	1/30	composite	
00154 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE	
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.93	(19)	0	1/30	composite	
01007 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE	
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.93	(19)	0	1/30	composite	
01022 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE	
THALLIUM as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	(19)	0	1/30	composite	
01059 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE	
BENZENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.001	(19)	0	1/30	grab	
34030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.005 DAILY MAX	MG/L		ONCE/ MONTH	GRAB	
TOLUENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.002	(19)	0	1/30	grab	
34010 1 0 0 EFFLUENT GROSS VALUE	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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
RANDY R. EVANS Operator in Responsible Charge								303-220-5399		2009	1	22
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.												

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

NAME Wellington Operating Co.

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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

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	12	1		2008	12	31
	(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) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ETHYLBENZENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.002	(19)	0	1/30	grab
37371 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.7 DAILY MAX	MG/L		ONCE/ MONTH	GRAB
XYLENES,TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.004	(19)	0	1/30	grab
81551 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.4 DAILY MAX	MG/L		ONCE/ MONTH	GRAB
NAPHTHALENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.002	(19)	0	1/30	grab
34696 1 0 0 EFFLUENT GROSS VALUE	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	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

RANDY R. EVANS

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

AREA
CODE

NUMBER

DATE

2009

1

22

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS 6065 S. Quebec Street, Suite 201
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(2-16)
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LARIMER

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

MONITORING PERIOD

FROM

YEAR	MO	DAY
2008	12	1

TO

YEAR	MO	DAY
2008	12	31

UPGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

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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			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	832	832	(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	*****	*****	*****	*****	44.6	44.6	(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	*****	*****	*****	*****	11.3	11.3	(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 MEASUREMENT		*****	(93)	*****	652	652	(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	*****	*****	*****	*****	0.9	0.9	(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 MEASUREMENT	*****	*****	*****	*****	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 MEASUREMENT	*****	*****	*****	*****	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

RANDY R. EVANS

Operator in Responsible Charge

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303-220-5399

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FROM


TO

UPGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

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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 MEASUREMENT	*****	*****	*****	*****	< 0.01	< 0.01	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RANDY R. EVANS 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 2009 1 22		
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*** 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			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1350	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	221	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	448	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT	*****	*****	(03)	*****	*****	124	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.8	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.064	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.33	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RANDY R. EVANS 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 2009 1 22		
			AREA CODE	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 B
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
2008	12	1	2008	12	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

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 (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BENZENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.005 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
TOLUENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
ETHYLBENZENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.7 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
XYLENES, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.4 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
RANDY R. EVANS 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.	303-220-5399		2009	1	22
		AREA CODE	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

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 C
DISCHARGE NUMBER

E & P WASTES
(SUBR DP)
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD

FROM

YEAR MO DAY
2008 12 1


TO

YEAR MO DAY
2008 12 31

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	MAXIMUM	UNITS			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	916	916	(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	*****	*****	*****	*****	87.2	87.2	(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 MEASUREMENT	*****	*****	*****	*****	84.7	84.7	(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)	*****	461	461	(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	*****	*****	*****	*****	0.82	0.82	(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	*****	*****	*****	*****	0.016	0.016	(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	*****	*****	*****	*****	0.35	0.35	(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 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		DATE	
RANDY R. EVANS								303-220-5399		2009 1 22	
Operator in Responsible Charge						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 5065 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

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
2008	12	1	2008	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

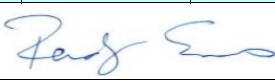
TO

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (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 MEASUREMENT	*****	*****	*****	*****	< 0.01	< 0.01	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	0.002	REPORT				
						30 DA AVG	DAILY MAX				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE				
RANDY R. EVANS				303-220-5399		2009	1	22		
Operator in Responsible Charge				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

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

(2-16)
COGCC 281818 & 281824
PERMIT NUMBER

(17-19)
050 D
DISCHARGE NUMBER

E & P WASTES
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OMB No. 2040-0004
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LARIMER

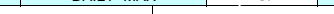
1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	12	1		2008	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(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			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	950	950	(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	*****	*****	*****	*****	34.8	34.8	(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	*****	*****	*****	*****	12.4	12.4	(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		*****	*****	*****	671	671	(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	*****	*****	*****	*****	0.81	0.81	(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	*****	*****	*****	*****	0.011	0.011	(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	*****	*****	*****	*****	0.017	0.017	(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 AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE		DATE				
RANDY R. EVANS					303-220-5399		2009	1	22
Operator in Responsible Charge									
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
COGCC 281818 & 281824
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

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2008	12	1	2008	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)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THALLIUM, TOTAL as Th 01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.01	<0.01	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	0.002 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	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					
RANDY R. EVANS			303-220-5399		2009	1	22			
Operator in Responsible Charge			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY	
TYPED OR PRINTED										
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

COGCC 281818 & 281824
PERMIT NUMBER

(17-19)

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F - FINALForm Approved.
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LARIMER

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	12	1		2008	12	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** 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			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	908	908	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	50.5	50.5	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	38.6	38.6	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	(13)	*****	506	506	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	REPORT DAILY MAX	REPORT 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 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.025	0.025	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.18	0.18	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	5 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

RANDY R. EVANS

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

AREA
CODE

NUMBER

DATE

2009

1

22

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 5065 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

MONITORING PERIOD


YEAR	MO	DAY	YEAR	MO	DAY
2008	12	1	2008	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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 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 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 RANDY R. EVANS 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.		TELEPHONE		DATE		
			303-220-5399		2009	1	22
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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