

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400999874

Date Received:

SOURCE OF PRODUCED WATER FOR DISPOSAL

Per Rule 325.c(5), this form shall be submitted for any new disposal facility and for any change in source of produced water for an existing disposal facility.

OPERATOR INFORMATION

OGCC Operator Number: 10539

Name of Operator: SWEVCO - SABW LLC

Address: 2154 WEST EISENHOWER BLVD

City: LOVELAND State: CO Zip: 80537-

Contact Name and Telephone:

Name: Tyson Foutz

Phone: (505) 3206275 Fax: ()

Email: tyson@foutzconsulting.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159186

Operator's Disposal Facility Name: FEDERAL #4 SWD

Operator's Disposal Facility Number:

Location: QtrQtr: SESW Sec: 31 Twp: 8S Range: 103W Meridian: 6

County: MESA

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 43-019-15023-00	Well Name & No: BAR X UNIT 4
	Operator Name: SEVCO-SABW	Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: NENE Section: 18 Township: 17S Range: 26E Meridian: S	
	Producing Formation: UNK Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both TDS: 1080 mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 43-019-30592-00	Well Name & No: BAR X UNIT 11
	Operator Name: SEVCO-SABW	Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNW Section: 18 Township: 17S Range: 26E Meridian: S	
	Producing Formation: UNK Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both TDS: 73100 mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 43-019-31371-00	Well Name & No: BAR X UNIT 25
	Operator Name: SWEVCO-SABW	Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWSE Section: 12 Township: 17S Range: 25E Meridian: S	
	Producing Formation: UNK Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both TDS: 32000 mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-077-10161-00	Well Name & No: Thomas 5
	Operator Name: SWEVCO - SABW LLC	Operator No: 10539
Delete Source <input type="checkbox"/>	Location: QtrQtr: 20 Section: 4 Township: 9S Range: 104W Meridian: 6	
	Producing Formation: MRSN Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both TDS: 92600 mg/L	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Tyson Foutz Signed: _____

Title: Consultant Date: _____

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400999885	Source of Produced Water Import
400999887	WATER ANALYSIS
400999888	WATER ANALYSIS
400999890	WATER ANALYSIS
400999892	WATER ANALYSIS

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)