

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

401745468

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: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER

State: CO

Zip: 80202

Contact Name and Telephone:

Name: Kristine Mize-Spansky

Phone: (720) 8806368

Fax: ( )

Email: kmizespansky@caerusoilandgas.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159121

Operator's Disposal Facility Name: BENZEL DISPOSAL #1

Operator's Disposal Facility Number:

Location: QtrQtr: NWNE

Sec: 36

Twp: 6S

Range: 93W

Meridian: 6

County: GARFIELD

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 5

Deleted: 0

Added: 5

### SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-045-08041-00	Well Name & No: BENZEL 36-6A (B36)
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 36 Township: 6S Range: 93W Meridian: 6	
	Producing Formation: WMFK Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-08042-00	Well Name & No: BENZEL 36-2A (B36)
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 36 Township: 6S Range: 93W Meridian: 6	
	Producing Formation: RLNS Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-08043-00	Well Name & No: BENZEL 36-3A1 (B36)
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 36 Township: 6S Range: 93W Meridian: 6	
	Producing Formation: WMFK Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-08044-00	Well Name & No: ALP 25-15A1 (B36)
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 36 Township: 6S Range: 93W Meridian: 6	
	Producing Formation: WMFK Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: _____ mg/L	

Add Source <input checked="" type="checkbox"/>	API Number: 05-045-08045-00	Well Name & No: BENZEL 36-2B (B36)
Delete Source <input type="checkbox"/>	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
	Location: QtrQtr: NWNE Section: 36 Township: 6S Range: 93W Meridian: 6	
	Producing Formation: RLNS	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both	TDS: _____ 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: Kristine Mize-Spansky Signed: \_\_\_\_\_

Title: Gathering Systems Analyst 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>
401749202	Source of Produced Water Import

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)