

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

401537473

Date Received:

02/06/2018

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: 10591	Contact Name and Telephone:
Name of Operator: AUGUSTUS ENERGY PARTNERS II LLC	Name: Duane Zimmerman
Address: 2016 GRAND AVENUE SUITE A	Phone: (406) 294-5990 Fax: (406) 294-5992
City: BILLINGS State: MT Zip: 59102	Email: dzimmerman@augustusenergy.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159082	Operator's Disposal Facility Name: PINYON RIDGE FED C-1W DISPOSAL WELL	Operator's Disposal Facility Number:
Location: QtrQtr: NESE Sec: 21 Twp: 3N Range: 97W Meridian: 6	County: RIO BLANCO	

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11954-01	Well Name & No: Wiley 23-3-97 H1
Delete Source <input type="checkbox"/>	Operator Name: AUGUSTUS ENERGY PARTNERS II LLC	Operator No: 10591
	Location: QtrQtr: SWSE Section: 23 Township: 3N Range: 97W Meridian: 6	
	Producing Formation: NBRR Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: 34844 mg/L
Add Source <input checked="" type="checkbox"/>	API Number: 05-103-66126-00	Well Name & No: LLOYD-FEDERAL 22-X-17
Delete Source <input type="checkbox"/>	Operator Name: MERRION OIL & GAS CORP	Operator No: 56680
	Location: QtrQtr: SENW Section: 17 Township: 2N Range: 97W Meridian: 6	
	Producing Formation: WEBR Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input 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: Pascual R. Laborda Signed: _____

Title: Permitting & Regulatory Date: 02/06/2018

OGCC Approved: *Matthew* Date: 11/06/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num	Name
401537473	FORM 26 SUBMITTED
401537480	WATER ANALYSIS

401537533	Source of Produced Water Import
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Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)