

State of Colorado Oil and Gas Conservation Commission

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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: 10550

Name of Operator: MUSTANG RESOURCES LLC

Address: 1660 LINCOLN STREET SUITE 1450

City: DENVER State: CO Zip: 80264

Contact Name and Telephone:

Name: Deb Lemon

Phone: (720) 550-7507 Fax: ()

Email: dlemon@mustangresourcesllc.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 150334

Operator's Disposal Facility Name: FEDERAL 1-35

Operator's Disposal Facility Number:

Location: QtrQtr: NWSE Sec: 35 Twp: 9N Range: 91W Meridian: 6

County: MOFFAT

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 2 Added: 0

SOURCE OF PRODUCED WATER

Add Source ☐ API Number: 05-081-06745-00 Well Name & No: FEDERAL 6-25
Operator Name: MUSTANG RESOURCES LLC Operator No: 10550
Delete Source ☒ Location: QtrQtr: NESW Section: 25 Township: 9N Range: 91W Meridian: 6
Producing Formation: LWIS Analysis Attached? ☐ Yes ☒ No
Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: mg/L

Add Source ☐ API Number: 05-081-06751-00 Well Name & No: GRYNBERG STATE 6-36
Operator Name: MUSTANG RESOURCES LLC Operator No: 10550
Delete Source ☒ Location: QtrQtr: SESW Section: 36 Township: 9N Range: 91W Meridian: 6
Producing Formation: LWIS Analysis Attached? ☐ Yes ☒ No
Transported to disposal site via ☐ Pipeline ☐ Truck ☐ 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: Deb Lemon

Signed:

Title: Regulatory Manager

Date:

COGCC Approved:

Date:

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)