

**State of Colorado**  
**Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY

Document Number:  
**402309876**

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: <u>10550</u>	Contact Name and Telephone:
Name of Operator: <u>MUSTANG RESOURCES LLC</u>	Name: <u>Deb Lemon</u>
Address: <u>1660 LINCOLN STREET SUITE 1450</u>	Phone: <u>(720) 550-7507</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80264</u>	Email: <u>dlemon@mustangresourcesllc.com</u>

**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: <u>05-081-06745-00</u>	Well Name & No: <u>FEDERAL 6-25</u>
<input type="checkbox"/>	Operator Name: <u>MUSTANG RESOURCES LLC</u>	Operator No: <u>10550</u>
Delete Source	Location: QtrQtr: <u>NESW</u> Section: <u>25</u> Township: <u>9N</u> Range: <u>91W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>LWIS</u> 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 type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: <u>05-081-06751-00</u>	Well Name & No: <u>GRYNBERG STATE 6-36</u>
<input type="checkbox"/>	Operator Name: <u>MUSTANG RESOURCES LLC</u>	Operator No: <u>10550</u>
Delete Source	Location: QtrQtr: <u>SESW</u> Section: <u>36</u> Township: <u>9N</u> Range: <u>91W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>LWIS</u> 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 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: Deb Lemon Signed: \_\_\_\_\_  
Title: Regulatory Manager Date: \_\_\_\_\_

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

<b>COA Type</b>	<b>Description</b>

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files

## General Comments

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

Total: 0 comment(s)