

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:

402406204

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: 10531

Name of Operator: GRIZZLY OPERATING LLC

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:

Name: Scott Ghan

Phone: (970) 876-1959 Fax: ()

Email: sgahan@grizzlyenergyllc.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159176

Operator's Disposal Facility Name: GGU RODREICK

Operator's Disposal Facility Number:

Location: QtrQtr: NENW Sec: 31 Twp: 6S Range: 91W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 17 Deleted: 0 Added: 17

SOURCE OF PRODUCED WATER

| | | |
|---|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: 05-045-11169-00 | Well Name & No: SCOTT 41D-36-692 SWD |
| Delete Source <input type="checkbox"/> | Operator Name: GRIZZLY OPERATING LLC | Operator No: 10531 |
| | Location: QtrQtr: NENE Section: 36 Township: 6S Range: 92W Meridian: 6 | |
| | Producing Formation: CZ-CR | 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: 05-045-20890-00 | Well Name & No: FEDERAL 23A-33-691 |
| Delete Source <input type="checkbox"/> | Operator Name: GRIZZLY OPERATING LLC | Operator No: 10531 |
| | Location: QtrQtr: SESW Section: 33 Township: 6S Range: 91W 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: 05-045-20890-00 | Well Name & No: FEDERAL 23A-33-691 |
| Delete Source <input type="checkbox"/> | Operator Name: GRIZZLY OPERATING LLC | Operator No: 10531 |
| | Location: QtrQtr: SESW Section: 33 Township: 6S Range: 91W Meridian: 6 | |
| | Producing Formation: WFCM | 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: 05-045-20896-00 | Well Name & No: FEDERAL 23C-33-691 |
| Delete Source <input type="checkbox"/> | Operator Name: GRIZZLY OPERATING LLC | Operator No: 10531 |
| | Location: QtrQtr: SESW Section: 33 Township: 6S Range: 91W 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: <u>05-045-20896-00</u> | Well Name & No: <u>FEDERAL 23C-33-691</u> |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>WFCM</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | |
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-20905-00</u> | Well Name & No: <u>FEDERAL 34D-33-691</u> |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>RLNS</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | |
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-20905-00</u> | Well Name & No: <u>FEDERAL 34D-33-691</u> |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>WFCM</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | |
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-20906-00</u> | Well Name & No: <u>FEDERAL 34B-33-691</u> |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>RLNS</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | |
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-20906-00</u> | Well Name & No: <u>FEDERAL 34B-33-691</u> |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>WFCM</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | |
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-23497-00</u> | Well Name & No: <u>CSF 41B-4-791</u> |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>RLNS</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | |
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-23497-00</u> | Well Name & No: <u>CSF 41B-4-791</u> |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>WFCM</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | |
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-23499-00</u> | Well Name & No: <u>CSF 41D-4-791</u> |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>RLNS</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | |

| | | | | | |
|---|--|--------------------------------------|--|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-23499-00</u> | Well Name & No: <u>CSF 41D-4-791</u> | | | |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> | | | |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SESW</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | | | | |
| | Producing Formation: <u>WFCM</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | | | | |

| | | | | | |
|---|--|---|--|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-23531-00</u> | Well Name & No: <u>Federal GGU 24D-28-691</u> | | | |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> | | | |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SWSW</u> Section: <u>28</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | | | | |
| | Producing Formation: <u>RLNS</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | | | | |

| | | | | | |
|---|--|---|--|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-23531-00</u> | Well Name & No: <u>Federal GGU 24D-28-691</u> | | | |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> | | | |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SWSW</u> Section: <u>28</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | | | | |
| | Producing Formation: <u>WFCM</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | | | | |

| | | | | | |
|---|--|---|--|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-23534-00</u> | Well Name & No: <u>Federal GGU 23A-28-691</u> | | | |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> | | | |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SWSW</u> Section: <u>28</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | | | | |
| | Producing Formation: <u>RLNS</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 checked="" type="checkbox"/> Both TDS: _____ mg/L | | | | |

| | | | | | |
|---|--|---|--|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-23534-00</u> | Well Name & No: <u>Federal GGU 23A-28-691</u> | | | |
| | Operator Name: <u>GRIZZLY OPERATING LLC</u> | Operator No: <u>10531</u> | | | |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SWSW</u> Section: <u>28</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | | | | |
| | Producing Formation: <u>WFCM</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 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: Julie Webb Signed: _____

Title: Sr. Regulatory 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> |
|--------------------|---------------------------------|
| 402406217 | 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)