| FORM 26 Rev 4/15 | **State of Colorado**
 Oil and Gas Conservation Commission
 1120 Lincoln Street, Suite 801, Denver, Colorado 80203
 Phone: (303) 894-2100 Fax: (303) 894-2109 | DNR CO | FOR OGCC USE ONLY |

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: _____

Name of Operator: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name and Telephone:

Name: _____

Phone: ( )_____ Fax: ( )_____

Email: _____

DISPOSAL FACILITY INFORMATION

OGCC Disposal Facility Number: _____

Operator's Disposal Facility Name: _____ Operator's Disposal Facility Number: _____

Location: QtrQtr: _____ Sec: _____ Twp: _____ Range: _____ Meridian: _____

County: _____

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: _____ Deleted: _____ Added: _____

SOURCE OF PRODUCED WATER

Add Source ☐ Delete Source ☐	API Number: ___ - ___ - ___ Well Name & No: _____ Operator Name: _____ Operator No: _____ Location: QtrQtr:_____ Section:_____ Township:_____ Range:_____ Meridian:____ Producing Formation: _____ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS:_____ mg/L
Add Source ☐ Delete Source ☐	API Number: ___ - ___ - ___ Well Name & No: _____ Operator Name: _____ Operator No: _____ Location: QtrQtr:_____ Section:_____ Township:_____ Range:_____ Meridian:____ Producing Formation: _____ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS:_____ mg/L
Add Source ☐ Delete Source ☐	API Number: ___ - ___ - ___ Well Name & No: _____ Operator Name: _____ Operator No: _____ Location: QtrQtr:_____ Section:_____ Township:_____ Range:_____ Meridian:____ Producing Formation: _____ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS:_____ mg/L
Add Source ☐ Delete Source ☐	API Number: ___ - ___ - ___ Well Name & No: _____ Operator Name: _____ Operator No: _____ Location: QtrQtr:_____ Section:_____ Township:_____ Range:_____ Meridian:____ Producing Formation: _____ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS:_____ mg/L

Add Source	API Number: ___ - ___ - ___	Well Name & No: _____
☐	Operator Name: _____	Operator No: _____
Delete Source	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: ____	
☐	Producing Formation: _____ 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: _____   Signed: _____

Title: _____   Date: _____