

**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

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: _____
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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 <input type="checkbox"/>	Delete Source <input type="checkbox"/>	API Number: _____ - _____ - _____ - _____ Well Name & No: _____ Operator Name: _____ Operator No: _____ Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L
<input type="checkbox"/>	<input type="checkbox"/>	API Number: _____ - _____ - _____ - _____ Well Name & No: _____ Operator Name: _____ Operator No: _____ Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L
<input type="checkbox"/>	<input type="checkbox"/>	API Number: _____ - _____ - _____ - _____ Well Name & No: _____ Operator Name: _____ Operator No: _____ Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L
<input type="checkbox"/>	<input type="checkbox"/>	API Number: _____ - _____ - _____ - _____ Well Name & No: _____ Operator Name: _____ Operator No: _____ Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input 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: ___ - ___ - ___	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____
Delete Source	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	
<input type="checkbox"/>	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input 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: _____ Signed: _____

Title: _____ Date: _____