

# State of Colorado Oil and Gas Conservation Commission

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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

<input type="checkbox"/> Add Source	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
<input type="checkbox"/> Delete Source	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"/> Add Source	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
<input type="checkbox"/> Delete Source	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"/> Add Source	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
<input type="checkbox"/> Delete Source	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"/> Add Source	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
<input type="checkbox"/> Delete Source	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: \_\_\_\_\_