

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

DocNum  
2100198

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

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: \_\_\_\_\_ Signed: Mackenzie Smith

Title: \_\_\_\_\_ Date: \_\_\_\_\_

API State Code	County Code	API Seq#	Sidetrack#	Well Name	Well Number	ACTION Add/Delete Source	Producing Formation	Analysis Attached	TDS (mg/L)	Transported to site via Pipeline/Truck/Both
05	071	06949	00	Dover	21-1	ADD	VRMJ	Yes	1840	Pipeline
05	071	07163	00	Dover	21-1 TR	ADD	RTON	Yes	1670	Pipeline

Field Sample ID	Location ID	Sample Date	Parameter Name	Report Result	Report Units	Lab Qualifier	Detected	Sample Matrix	Sample Purpose	Sample Type	Latitude (Decimal)	Longitude (Decimal)
72223	DOVER 21-1	11/21/2000	Solids Total Dissolved (TDS)	1840	mg/L		Y	Water	REG	CBM	37.20457	-104.84213
72237	DOVER 21-1TR	4/30/2002	Solids Total Dissolved (TDS)	1670	mg/L		Y	Water	REG	CBM	37.20471	-104.84235