

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: _____	Contact Name and Telephone:
Name of Operator: _____	Name: _____
Address: _____	Phone: () _____ Fax: () _____
City: _____ State: _____ Zip: _____	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 <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