

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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: 10705

Name of Operator: EVERGREEN NATURAL RESOURCES LLC

Address: 1875 LAWRENCE ST STE 1150

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: Mackenzie Smith

Phone: (303) 2848820 Fax: ()

Email: mackenzie.smith@enrllc.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159094

Operator's Disposal Facility Name: HILL RANCH 14-12 WD

Operator's Disposal Facility Number:

Location: QtrQtr: SWSW Sec: 12 Twp: 34S Range: 66W Meridian: 6

County: LAS ANIMAS

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 8 Deleted: 0 Added: 8

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-071-06665-00	Well Name & No: LORENCITO 2-8-34-66
<input checked="" type="checkbox"/>	Operator Name: EVERGREEN NATURAL RESOURCES LL	Operator No: 10705
Delete Source	Location: QtrQtr: NWNE Section: 8 Township: 34S Range: 66W Meridian: 6	
<input type="checkbox"/>	Producing Formation: RT-VJ Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source	API Number: 05-071-06671-00	Well Name & No: TAD POLE 21-12
<input checked="" type="checkbox"/>	Operator Name: EVERGREEN NATURAL RESOURCES LL	Operator No: 10705
Delete Source	Location: QtrQtr: NENW Section: 12 Township: 34S Range: 66W Meridian: 6	
<input type="checkbox"/>	Producing Formation: VRMJ Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source	API Number: 05-071-06676-00	Well Name & No: MARMOT 41-02
<input checked="" type="checkbox"/>	Operator Name: EVERGREEN NATURAL RESOURCES LL	Operator No: 10705
Delete Source	Location: QtrQtr: NENE Section: 2 Township: 34S Range: 66W Meridian: 6	
<input type="checkbox"/>	Producing Formation: VRMJ Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source	API Number: 05-071-06678-00	Well Name & No: OTTER 44-02
<input checked="" type="checkbox"/>	Operator Name: EVERGREEN NATURAL RESOURCES LL	Operator No: 10705
Delete Source	Location: QtrQtr: SESE Section: 2 Township: 34S Range: 66W Meridian: 6	
<input type="checkbox"/>	Producing Formation: VRMJ Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source	API Number: <u>05-071-06679-00</u>	Well Name & No: <u>HORNY TOAD 21-01</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EVERGREEN NATURAL RESOURCES LL</u>	Operator No: <u>10705</u>
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>1</u> Township: <u>34S</u> Range: <u>66W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>VRMJ</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: <u>3300</u> mg/L	

Add Source	API Number: <u>05-071-08856-00</u>	Well Name & No: <u>TORTUGA 14-2 14-2</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EVERGREEN NATURAL RESOURCES LL</u>	Operator No: <u>10705</u>
Delete Source	Location: QtrQtr: <u>SWSW</u> Section: <u>2</u> Township: <u>34S</u> Range: <u>66W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>VRMJ</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: <u>4000</u> mg/L	

Add Source	API Number: <u>05-071-08857-00</u>	Well Name & No: <u>SNAKE 31-11</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EVERGREEN NATURAL RESOURCES LL</u>	Operator No: <u>10705</u>
Delete Source	Location: QtrQtr: <u>NWNE</u> Section: <u>11</u> Township: <u>34S</u> Range: <u>66W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>VRMJ</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: <u>3900</u> mg/L	

Add Source	API Number: <u>05-071-08862-00</u>	Well Name & No: <u>FROG 13-12</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EVERGREEN NATURAL RESOURCES LL</u>	Operator No: <u>10705</u>
Delete Source	Location: QtrQtr: <u>NWSW</u> Section: <u>12</u> Township: <u>34S</u> Range: <u>66W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>VRMJ</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: <u>4630</u> 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: Mackenzie Smith Signed: _____

Title: Production Engineer Date: _____

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402882379	WATER ANALYSIS
402909299	Source of Produced Water Import

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
UIC	RETURNED TO DRAFT: RTD for facility info correction	12/15/2021

Total: 1 comment(s)