

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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402311386

Date Received:

02/13/2020

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: 46290

Name of Operator: KP KAUFFMAN COMPANY INC

Address: 1700 LINCOLN ST STE 4550

City: DENVER

State: CO

Zip: 80203

Contact Name and Telephone:

Name: Victoria Dizghinjili

Phone: (303) 825-4822

Fax: ()

Email: vdizghinjili@kpk.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159099

Operator's Disposal Facility Name: DWINELL #2

Operator's Disposal Facility Number:

Location: QtrQtr: SESW

Sec: 23

Twp: 10N

Range: 79W

Meridian: 6

County: JACKSON

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6

Deleted: 0

Added: 6

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-057-05131-00	Well Name & No: DWINELL 3
<input checked="" type="checkbox"/>	Operator Name: KP KAUFFMAN COMPANY INC	Operator No: 46290
Delete Source	Location: QtrQtr: NWSW Section: 23 Township: 10N Range: 79W Meridian: 6	
<input type="checkbox"/>	Producing Formation: LKTA 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: 05-057-05134-00	Well Name & No: DWINELL 4
<input checked="" type="checkbox"/>	Operator Name: KP KAUFFMAN COMPANY INC	Operator No: 46290
Delete Source	Location: QtrQtr: SWNW Section: 23 Township: 10N Range: 79W Meridian: 6	
<input type="checkbox"/>	Producing Formation: LKTA 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: 05-057-05135-00	Well Name & No: CODY 1
<input checked="" type="checkbox"/>	Operator Name: KP KAUFFMAN COMPANY INC	Operator No: 46290
Delete Source	Location: QtrQtr: SENE Section: 22 Township: 10N Range: 79W Meridian: 6	
<input type="checkbox"/>	Producing Formation: DKTA 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: 05-057-05135-00	Well Name & No: CODY 1
<input checked="" type="checkbox"/>	Operator Name: KP KAUFFMAN COMPANY INC	Operator No: 46290
Delete Source	Location: QtrQtr: SENE Section: 22 Township: 10N Range: 79W Meridian: 6	
<input type="checkbox"/>	Producing Formation: LKTA 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>05-057-05136-00</u>	Well Name & No: <u>CODY 2</u>
<input checked="" type="checkbox"/>	Operator Name: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>22</u> Township: <u>10N</u> Range: <u>79W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>DK-LK</u> 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>05-057-06226-00</u>	Well Name & No: <u>DWINELL 3-A</u>
<input checked="" type="checkbox"/>	Operator Name: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>
Delete Source	Location: QtrQtr: <u>SENW</u> Section: <u>23</u> Township: <u>10N</u> Range: <u>79W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>FRTR</u> 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	

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

Print Name: Alan Harrison Signed: _____

Title: VP Explor and Prod Date: 02/13/2020

COGCC Approved:  Date: 10/19/2022

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
0 COA	

Attachment List

Att Doc Num	Name
402311386	FORM 26 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)