

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

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: <u>46290</u> Name of Operator: <u>KP KAUFFMAN COMPANY INC</u> Address: <u>1700 LINCOLN ST STE 4550</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Contact Name and Telephone: Name: <u>Victoria Dizghinjili</u> Phone: <u>(303) 825-4822</u> Fax: <u>( )</u> Email: <u>vdizghinjili@kpk.com</u>
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### DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159099</u>	Operator's Disposal Facility Name: <u>DWINELL #2</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SESW</u> Sec: <u>23</u> Twp: <u>10N</u> Range: <u>79W</u> Meridian: <u>6</u>		
County: <u>JACKSON</u>		

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 0 Added: 6

### SOURCE OF PRODUCED WATER

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