| FORM 26 Rev 4/15 | **State of Colorado** **Oil and Gas Conservation Commission** 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 | FOR OGCC USE ONLY Document Number: 403281155 |

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.

Date Received:

OPERATOR INFORMATION

OGCC Operator Number: 10775

Name of Operator: KT RESOURCES LLC

Address: 3381 WESTBROOK LANE

City: HIGHLANDS RANCH   State: CO   Zip: 80129

Contact Name and Telephone:

Name: Anthony Gale

Phone: (303) 886-8733   Fax: ( )

Email: tony@kt-res.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159065

Operator's Disposal Facility Name: WRD UNIT 29-33 WDW   Operator's Disposal Facility Number:

Location: QtrQtr: NWSE   Sec: 29   Twp: 2N   Range: 96W   Meridian: 6

County: RIO BLANCO

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4   Deleted: 0   Added: 4

SOURCE OF PRODUCED WATER

Add Source ☒
Delete Source ☐

API Number: 05-103-10252-00   Well Name & No: ANT HILL UNIT WYATT 31-21 D
Operator Name: KT RESOURCES LLC   Operator No: 10775
Location: QtrQtr: SWNW   Section: 31   Township: 2N   Range: 96W   Meridian: 6
Producing Formation: WMFK   Analysis Attached? ☐ Yes ☒ No
Transported to disposal site via ☐ Pipeline ☐ Truck ☒ Both   TDS: _____ mg/L

Add Source ☒
Delete Source ☐

API Number: 05-103-10275-00   Well Name & No: ANT HILL UNIT RBC WG 31-42
Operator Name: KT RESOURCES LLC   Operator No: 10775
Location: QtrQtr: SESW   Section: 31   Township: 2N   Range: 96W   Meridian: 6
Producing Formation: WMFK   Analysis Attached? ☐ Yes ☒ No
Transported to disposal site via ☐ Pipeline ☐ Truck ☒ Both   TDS: _____ mg/L

Add Source ☒
Delete Source ☐

API Number: 05-103-10291-00   Well Name & No: ANT HILL UNIT WYATT 31-12
Operator Name: KT RESOURCES LLC   Operator No: 10775
Location: QtrQtr: NENW   Section: 31   Township: 2N   Range: 96W   Meridian: 6
Producing Formation: WMFK   Analysis Attached? ☐ Yes ☒ No
Transported to disposal site via ☐ Pipeline ☐ Truck ☒ Both   TDS: _____ mg/L

Add Source ☒
Delete Source ☐

API Number: 05-103-10339-00   Well Name & No: ANT HILL UNIT 36-24 D
Operator Name: KT RESOURCES LLC   Operator No: 10775
Location: QtrQtr: SWNW   Section: 31   Township: 2N   Range: 96W   Meridian: 6
Producing Formation: WMFK   Analysis Attached? ☐ Yes ☒ No
Transported to disposal site via ☐ Pipeline ☐ Truck ☒ 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: Tony Gale   Signed: _____

Title: Co-owner   Date: _____

COGCC Approved: _____   Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
0 COA	

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)