



Form 47 - Quarterly Water Reporting by Location

Summary Information Overview

Form Name: **Form 47 - Quarterly Water Reporting by Location**
Document Number: **403780718**
Date Submitted: **5/6/2024**
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Operator Information

Operator Number: **10670**
Operator Name: **BISON IV OPERATING LLC**
Operator Address: **518 17TH STREET SUITE 1800 ATTN: JOHN AUSTIN AKERS**
Operator City: **DENVER**
Operator State: **CO**
Operator Zip: **80202**
First Name: **MARNIE**
Last Name: **MALLINSON**
Contact Phone: **(720) 644-6997**
Contact Email: **mmallinson@bisonog.com**

Quarterly Water Reporting by Location

Year: **2023**
Quarter: **4**
Water Produced Volumes Provided:
Fresh Water Volumes Provided:
Recycled & Reused Water Volumes Provided:
Disposed Water Volumes Provided:

Signature and Certification

I hereby certify all statements made and all data provided on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:
Name: **MARNIE MALLINSON**
Title: **PRODUCTION ANALYST**

Email: mmallinson@bisonog.com

Phone: (720) 644-6997

Signature:



Associated Documents

403780723 - FORM 47 IMPORTED QUARTERLY WATER REPORT

403780725 - FORM 47 SUBMITTED

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