

State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

SOURCE OF PRODUCED WATER FOR DISPOSAL

This form must be completed for any new disposal site and for any change in sources of produced water for an existing disposal site.

Complete the
Attachment Checklist

OGCC Operator Number: 70385	Contact Name and Telephone:
Name of Operator: Smith Energy Corp	Chris Smith
Address: 12706 SHILOH RD	No: 303-709-6157
City: Greeley State: Co Zip: 80631	Fax:

Oper OGCC	
Chemical Analysis of fluid	

OGCC Disposal Facility Number:	
Operator's Disposal Facility Name: Longknife 21-32	Operator's Disposal Facility Number: 70385
Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW Section 32, Township 25, Range 50W Washington Co, Co.	
Address: CR PP & CR 19	
City:	State: Zip: County: Washington

If more space is required,
attach additional sheet.

Add Source: OGCC Lease No: API No: 05-121-10889 Well Name & No: Longknife 21-32
☒ Operator Name: Smith Energy Corp Operator No: 70385
Delete Source: Location: QtrQtr: NENW Section: 32 Township: 25 Range: 50W Producing Formation: Niobrara
☐ Analysis Attached? ☒ Yes ☐ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS:

Add Source: OGCC Lease No: API No: Well Name & No:
☐ Operator Name: Operator No:
Delete Source: Location: QtrQtr: Section: Township: Range: Producing Formation:
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS:

Add Source: OGCC Lease No: API No: Well Name & No:
☐ Operator Name: Operator No:
Delete Source: Location: QtrQtr: Section: Township: Range: Producing Formation:
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS:

Add Source: OGCC Lease No: API No: Well Name & No:
☐ Operator Name: Operator No:
Delete Source: Location: QtrQtr: Section: Township: Range: Producing Formation:
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS:

Add Source: OGCC Lease No: API No: Well Name & No:
☐ Operator Name: Operator No:
Delete Source: Location: QtrQtr: Section: Township: Range: Producing Formation:
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS:

Add Source: OGCC Lease No: API No: Well Name & No:
☐ Operator Name: Operator No:
Delete Source: Location: QtrQtr: Section: Township: Range: Producing Formation:
☐ Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS:

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

Print Name: Chris Smith

Signed:

Title: Vice President

Date: 8/20/14

OGCC Approved: Title: Date:

CONDITIONS OF APPROVAL, IF ANY: