

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:

Chemical Analysis of fluid	Oper	OGCC

OGCC Disposal Facility Number: _____

Operator's Disposal Facility Name: Longknife 23-28 Operator's Disposal Facility Number: 70385

Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW Section 28, Township 25, Range 50W Washington Co, Co.

Address: CR RR 2 CR 19

City: _____ State: _____ Zip: _____ County: Washington

If more space is required,
attach additional sheet.

Add Source: OGCC Lease No: _____ API No: 05-121-10870 Well Name & No: Longknife 23-28

☒ Operator Name: Smith Energy Corp Operator No: 70385

Delete Source: Location: QtrQtr: NESW Section: 28 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: