

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

	Oper	OGCC
Chemical Analysis of fluid		

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 & CR 15

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: [Signature]

Title: Vice President Date: 8/20/14

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: