

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:

2437521

Date Received:

03/16/2015

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.

OPERATOR INFORMATION

OGCC Operator Number: 96155

Name of Operator: WHITING OIL & GAS CORPORATION

Address: 1700 BROADWAY STE 2300

City: DENVER

State: CO

Zip: 80290

Contact Name and Telephone:

Name: Pauleen Tobin

Phone: (303) 837-1661

Fax: ()

Email: PollyT@whiting.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159979

Operator's Disposal Facility Name: HORSETAIL

Operator's Disposal Facility Number: 19N-1924M-R
SWD

Location: QtrQtr: SWSE

Sec: 19

Twp: 10N

Range: 57W

Meridian: 6

County: WELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6

Deleted: 0

Added: 6

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-123-19400-00	Well Name & No: BRENNAN 1
Delete Source <input type="checkbox"/>	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
	Location: QtrQtr: NWNW Section: 32 Township: 10N Range: 58W Meridian: 6	
	Producing Formation: DSND	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-123-32488-02	Well Name & No: Chalk Bluffs 36-13H
Delete Source <input type="checkbox"/>	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
	Location: QtrQtr: NWSW Section: 36 Township: 10N Range: 60W Meridian: 6	
	Producing Formation: NBRR	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-123-36053-00	Well Name & No: Church 36-2523H
Delete Source <input type="checkbox"/>	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
	Location: QtrQtr: SESW Section: 36 Township: 10N Range: 60W Meridian: 6	
	Producing Formation: NBRR	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-123-36647-00	Well Name & No: Horsetail 07-0611H
Delete Source <input type="checkbox"/>	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
	Location: QtrQtr: LOT2 Section: 7 Township: 10N Range: 57W Meridian: 6	
	Producing Formation: NBRR	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

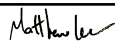
Add Source <input checked="" type="checkbox"/>	API Number: <u>05-123-39383-00</u>	Well Name & No: <u>Horsetail 02D-0204</u>
	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>LOT4</u> Section: <u>2</u> Township: <u>10N</u> Range: <u>57W</u> Meridian: <u>6</u>	
	Producing Formation: <u>NBRR</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-123-40408-02</u>	Well Name & No: <u>Cottonwood 08E-0504</u>
	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWNW</u> Section: <u>8</u> Township: <u>9N</u> Range: <u>57W</u> Meridian: <u>6</u>	
	Producing Formation: <u>NBRR</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> 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: Pauleen Tobin Signed: _____

Title: Engineering Tech II Date: 03/11/2015

COGCC Approved:  Date: 12/04/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2437521	FORM 26 SUBMITTED
2437522	LIST OF WELLS
400877549	Source of Produced Water Import

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)