

**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:
401537473

Date Received:

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: <u>10591</u>	Contact Name and Telephone:
Name of Operator: <u>AUGUSTUS ENERGY PARTNERS II LLC</u>	Name: <u>Duane Zimmerman</u>
Address: <u>2016 GRAND AVENUE SUITE A</u>	Phone: <u>(406) 294-5990</u> Fax: <u>(406) 294-5992</u>
City: <u>BILLINGS</u> State: <u>MT</u> Zip: <u>59102</u>	Email: <u>dzimmerman@augustusenergy.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159082

Operator's Disposal Facility Name: PINYON RIDGE FED C-1W DISPOSAL WELL Operator's Disposal Facility Number: _____

Location: QtrQtr: NESE Sec: 21 Twp: 3N Range: 97W Meridian: 6

County: RIO BLANCO

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-103-11954-01</u>	Well Name & No: <u>Wiley 23-3-97 H1</u>
<input checked="" type="checkbox"/>	Operator Name: <u>AUGUSTUS ENERGY PARTNERS II LLC</u>	Operator No: <u>10591</u>
Delete Source	Location: QtrQtr: <u>SWSE</u> Section: <u>23</u> Township: <u>3N</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>NBRR</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: <u>34844</u> mg/L
Add Source	API Number: <u>05-103-66126-00</u>	Well Name & No: <u>LLOYD-FEDERAL 22-X-17</u>
<input checked="" type="checkbox"/>	Operator Name: <u>MERRION OIL & GAS CORP</u>	Operator No: <u>56680</u>
Delete Source	Location: QtrQtr: <u>SENW</u> Section: <u>17</u> Township: <u>2N</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WEBR</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" 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: Pascual R. Laborda Signed: _____

Title: Permitting & Regulatory Date: _____

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401537480	WATER ANALYSIS
401537533	Source of Produced Water Import

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)