

State of Colorado Oil and Gas Conservation Commission

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



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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: 10690

Name of Operator: IMPETRO RESOURCES LLC

Address: 2820 LOGAN DRIVE

City: LOVELAND State: CO Zip: 80538

Contact Name and Telephone:

Name: Sam Bradley

Phone: (970) 593-8626 Fax: ()

Email: sbradley.impetro@gmail.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159114

Operator's Disposal Facility Name: GREAT WESTERN FLESSNER

Operator's Disposal Facility Number: 14

Location: QtrQtr: NWNE Sec: 30 Twp: 1S Range: 56W Meridian: 6

County: WASHINGTON

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-087-07977-00	Well Name & No: JANET 1
<input checked="" type="checkbox"/>	Operator Name: IMPETRO RESOURCES LLC	Operator No: 10690
Delete Source	Location: QtrQtr: NWNE Section: 23 Township: 1N Range: 56W Meridian: 6	
<input type="checkbox"/>	Producing Formation: DSND 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
Add Source	API Number: 05-121-06415-00	Well Name & No: BLAKE 1
<input checked="" type="checkbox"/>	Operator Name: IMPETRO RESOURCES LLC	Operator No: 10690
Delete Source	Location: QtrQtr: SESE Section: 22 Township: 1S Range: 55W Meridian: 6	
<input type="checkbox"/>	Producing Formation: DSND 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: Sam Bradley

Signed: _____

Title: Managing Member

Date: _____

COGCC Approved: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)