

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

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: _____	Contact Name and Telephone:
Name of Operator: _____	Name: _____
Address: _____	Phone: () _____ Fax: () _____
City: _____ State: _____ Zip: _____	Email: _____

DISPOSAL FACILITY INFORMATION

OGCC Disposal Facility Number: _____
Operator's Disposal Facility Name: _____ Operator's Disposal Facility Number: _____
Location: QtrQtr: _____ Sec: _____ Twp: _____ Range: _____ Meridian: _____
County: _____

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: _____ Deleted: _____ Added: _____

SOURCE OF PRODUCED WATER

<input type="checkbox"/> Add Source	API Number: _____ - _____ - _____	Well Name & No: _____
<input type="checkbox"/> Delete Source	Operator Name: _____	Operator No: _____
<input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	
<input type="checkbox"/>	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
<input type="checkbox"/> Add Source	API Number: _____ - _____ - _____	Well Name & No: _____
<input type="checkbox"/> Delete Source	Operator Name: _____	Operator No: _____
<input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	
<input type="checkbox"/>	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
<input type="checkbox"/> Add Source	API Number: _____ - _____ - _____	Well Name & No: _____
<input type="checkbox"/> Delete Source	Operator Name: _____	Operator No: _____
<input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	
<input type="checkbox"/>	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
<input type="checkbox"/> Add Source	API Number: _____ - _____ - _____	Well Name & No: _____
<input type="checkbox"/> Delete Source	Operator Name: _____	Operator No: _____
<input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	
<input type="checkbox"/>	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L

Add Source <input type="checkbox"/>	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	
	Producing Formation: _____	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input 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: _____ Signed: _____

Title: _____ Date: _____